COMPLAINT

1465

1	COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT. 12 U.S.C §§ 1983
2	750
3	Name Bloods AW Theopric K. JUL - 9 2004
4	(Last) (First) (Initial) CLERK U.S. DISTRICTORY  Prisoner Number N/A  (Last) (First) (Initial) CLERK U.S. DISTRICTORY  Prisoner Number N/A
5	Filsoner Number
6	Institutional Address PBSP B8-113, P.O. Box 7500
7	Crescent City, CA. 95532
8	
9	UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA
10	Bloodery Theoreir
11	(Enter the full name of plaintiff in this action.) (Expense)
12	VS. (To be provided by the clerk of court)
13	Sayre Michael COMPLAINT UNDER THE
14	Malo-Clines Cheryl ) CIVIL RIGHTS ACT, 42 U.S.C §§ 1983
15	Jain Bhawna E-filing
16	(Enter the full name of the defendant(s) in this action))
17	
17 18	[All questions on this complaint form must be answered in order for your action to proceed]
17 18 19	[All questions on this complaint form must be answered in order for your action to proceed]  I. Exhaustion of Administrative Remedies
17 18 19 20	[All questions on this complaint form must be answered in order for your action to proceed]  I. Exhaustion of Administrative Remedies  [Note: You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]
17 18 19 20 21	[All questions on this complaint form must be answered in order for your action to proceed]  I. Exhaustion of Administrative Remedies  [Note: You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]
17 18 19 20 21 22	[All questions on this complaint form must be answered in order for your action to proceed]  I. Exhaustion of Administrative Remedies  [Note: You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]  A. Place of present confinement PBSP
17 18 19 20 21 22 23	[All questions on this complaint form must be answered in order for your action to proceed]  I. Exhaustion of Administrative Remedies  [Note: You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]
17 18 19 20 21 22 23 24	[All questions on this complaint form must be answered in order for your action to proceed]  I. Exhaustion of Administrative Remedies  [Note: You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]  A. Place of present confinement PBSP  B. Is there a grievance procedure in this institution?
17 18 19 20 21 22 23 24 25	[All questions on this complaint form must be answered in order for your action to proceed]  I. Exhaustion of Administrative Remedies  [Note: You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]  A. Place of present confinement PBSP  B. Is there a grievance procedure in this institution?  YES (NO())
17 18 19 20 21 22 23 24	[All questions on this complaint form must be answered in order for your action to proceed]  I. Exhaustion of Administrative Remedies  [Note: You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]  A. Place of present confinement PBSP  B. Is there a grievance procedure in this institution?  YES (NO())  C. Did you present the facts in your complaint for review through the grievance
17 18 19 20 21 22 23 24 25 26	[All questions on this complaint form must be answered in order for your action to proceed]  I. Exhaustion of Administrative Remedies  [Note: You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]  A. Place of present confinement PBSP  B. Is there a grievance procedure in this institution?  YES ( NO ( )  C. Did you present the facts in your complaint for review through the grievance procedure?

	11	
1		appeal at each level of review. If you did not pursue a certain level of appeal,
2		explain why.
3		1. Informal appeal My appeals were rejected at
4		First level due to corrupt activities b
5		medical an custody staff. My origi-2. First
6		formal level nat or first appeal of 2006 went
7		to director's level. Supreme Court
8		Reports 88 LAW. ED. Oct. 1943
9		3. Second formal level TERM U.S. 320 (pp. 2/9 to eno)
10		U.S. 321-322 III Particular circumstance
11		under which exhaustion of state 1-4 Third
12		formal level emedies is or is not necessary.
13		
14		CV-00752-JF-550
15	E.	Is the last level to which you appealed the highest level of appeal available to
16		you?
17		YES () NO()
18	F.	If you did not present your claim for review through the grievance procedure,
19	explain why.	
20		
21 22	II. Parties	
23	A.	
24	A,	Write your name and your present address. Do the same for additional plaintiffs, if any.
25	Bloom	1
26	7500.0	Crescent City, CA.95532
27	<del>, , , , , , , , , , , , , , , , , , , </del>	
28	В.	Write the full name of each defendant, his or her official position, and his or her
		or her distribution of each defendant, his of her official position, and his or her
	COMPLAINT	2 -
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COMPLAINT

1	place of employment.
2	Sayre Michael, Chief Medical Officer, PBSP.
3	Malo-Clines Cheryl, Medical Poctors, PBSP.
4	Jain Bhawna, Medical Doctor, PBSP.
5	
6	
7	Statement of Claim
8	State here as briefly as possible the facts of your case. Be sure to describe how each
9	defendant is involved and to include dates, when possible. Do not give any legal arguments or
10	cite any cases or statutes. If you have more than one claim, each claim should be set forth in a
11	separate numbered paragraph.
12	Sayre M., 2-11-08 Seditious an private conspirate
13	y deprived of const. rights (ADA) single cell hou
14	sing, breach of duty, evid. withheld antalsitied
15	X-RAY reports, attempted murder, equal protection of the
16	law. Majo-Clines C., 11-16-07 Seditious an private consp
17	iracy deprived of const. rights (ADA) single cell how
18	sing, breach of duty, evid. withheld on falsified X-
19	RAY reports, attempted murder, equal protection of the la
20	w. Jain B., 6-25-07 Seditions on private conspiracy dep
21	rived of const. rights (ADA) single cell housing, brea
22	ch of duty, evid. withheld an falsified X-RAY reports,
23	ch of duty, evid. withheld an falsified X-RAY reports, attempted murder, equal protection of the law. Neglig
24	ence, discriminating et al-
25	IV. Relief
26	Your complaint cannot go forward unless you request specific relief. State briefly exactly
27	what you want the court to do for you. Make no legal arguments; cite no cases or statutes.
28	Tan asking the court for just compensation for
	COMPLAINT - 3 -

monetary, punitive, an liability domages for injuries and hardships. Iam asking the court to grant me my (ADA) single cell housing. Iam asking the court for a permanent injunction my life is in imminent danger that attack on me 4-12-07 an 10-17-06 was due to negligence I declare under penalty of perjury that the foregoing is true and correct. day of June (Plaintiff's signature) 

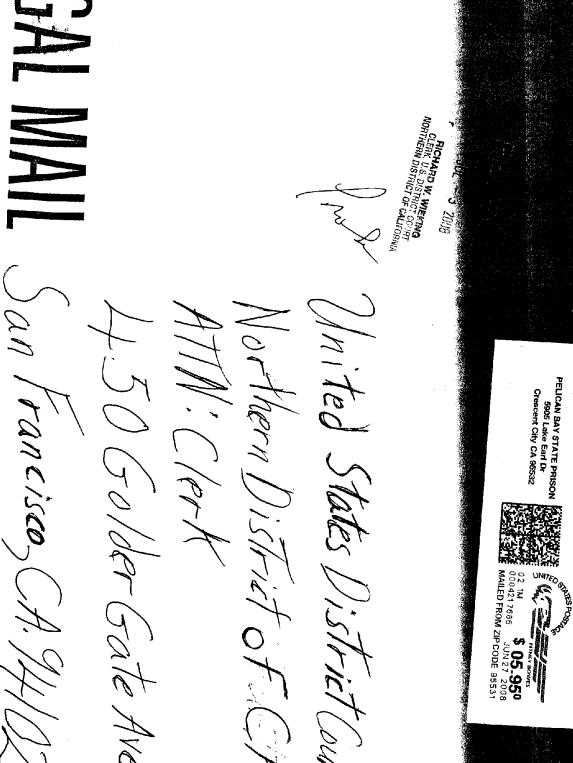
### PROOF OF SERVICE BY MAIL

#### BY PERSON IN STATE CUSTODY

(Fed. E. Civ. P. 5; 28 U.S.C. § 174	0)
1. Bloodsaw Theopric	, declare
i, Diococció i in p	PRCP
I am over 18 years of age and a party to this action. I am a residen	t of 1.031
	Prison
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in the county of Del Norte	
State of California. My prison address is: PBSB B8-	1/3, P.O. BOX 7500
State of Camolina. Wy phison actions to 1 95/37	
Crescent City, CA. 95532	
On 6-19-08	
(DATE)	105
I served the attached: Civil Rights 424	.S.C.1983
1 Set you the atmonod.	
(DESCRIBE DOCUMENT)	
on the parties herein by placing true and correct copies thereof, enclo	sed in a scaled envelope, with postage
thereon fully paid, in the United States Mail in a deposit box so provi	ded at the above-named correctional
institution in which I am presently confined. The envelope was addre	ssed as follows:
institution in which I am presently commed. The chrosep	
I declare under penalty of perjury under the laws of the United i	States of America that the foregoing
is true and correct.	
1 11	1000
Executed on 6-19-08 (DECLARANT'S SIGN	OG OW NATURE)
(DVIE)	

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ELICAN BAY STATE PRISON 10. BOX 7500 DCNO: P2004 SHOUSING: B8-1 AME: Bloodson Theopric RESCENT CITY, CA 95532 Case 5:08-cv-03315-JF Filed 07/09/20 Document 1



cv E-filing

331**5** 

Filed

OCT 1 6 2007

RICHARD W. WIEKING CLERK U.S. DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA SAN JOSE

(PR)

#### NOT FOR CITATION

IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

THEOPRIC K. BLOODSAW,

No. C 07-1442 JF (PR)

Petitioner,

ORDER OF DISMISSAL

VS.

J.S. WOODFORD, et al.,

Respondents.

(Docket No. 3)

Petitioner, a state prisoner proceeding <u>pro</u> <u>se</u>, seeks a writ of habeas corpus pursuant to 28 U.S.C. § 2254. In the petition, Petitioner challenges the California Department of Corrections and Rehabilitation's failure to declare him disabled based on his current medical conditions.

The Supreme Court has declined to address whether a challenge to a condition of confinement may be brought under habeas. See Bell v. Wolfish, 441 U.S. 520, 526 n.6 (1979); Fierro v. Gomez, 77 F.3d 301, 304 n.2 (9th Cir.), vacated on other grounds, 519 U.S. 918 (1996). However, the Ninth Circuit has held that "habeas jurisdiction is absent, and a § 1983 action proper, where a successful challenge to a prison condition will not necessarily shorten the prisoner's sentence." Ramirez v. Galaza, 334 F.3d 850, 859 (9th Cir. 2003) (implying that claim, which if successful would "necessarily" or "likely"

Order of Dismissal
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accelerate the prisoner's release on parole, must be brought in a habeas petition). The preferred practice in the Ninth Circuit has been that challenges to conditions of confinement should be brought in a civil rights complaint. See Badea v. Cox, 931 F.2d 573, 574 (9th Cir. 1991) (civil rights action is proper method of challenging conditions of confinement); Crawford v. Bell, 599 F.2d 890, 891-92 & n.1 (9th Cir. 1979) (affirming dismissal of habeas petition on basis that challenges to terms and conditions of confinement must be brought in civil rights complaint).

Accordingly, the Court will dismiss this habeas action because Petitioner's claims do not challenge the legality of his conviction or sentence. Instead, Petitioner challenges the California Department of Correction and Rehabilitation's failure to declare him totally disabled based on his medical conditions. Petitioner's claims are more appropriately addressed in a civil rights complaint pursuant to 42 U.S.C. §1983.

#### CONCLUSION

The petition for writ of habeas corpus is DISMISSED without prejudice. Petitioner may re-file his claims in a new action under a civil rights complaint pursuant to 42 U.S.C. §1983 on the enclosed form. Petitioner shall include supporting documentation of his prison appeal with his new complaint as the instant case will be closed. Petitioner's motion to proceed in forma pauperis (docket no. 3) is DENIED as moot. The Clerk shall close the file.

IT IS SO ORDERED.

DATED:

JEREMY NOGEL

United States District Judge

Case 5:08-cv-03315-JF Document 1-2 Filed 07/09/2008 Page 3 of 61 A copy of this ruling was mailed to the following: Theopric K. Blood saw P-20045 Pelican Bay State Prison P.O. Box 7500 Crescent City, CA 95532 

Order of Dismissal P:\pro-se\sj.jf\hc.07\Bloodsaw442disrem

**Filed** 

OCT 1 6 2007

RICHARD W. WIEKING CLERK, U.S. DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA SAN JOSE

# NOT FOR CITATION IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF CALIFORNIA

THEOPRIC K. BLOODSAW,	No. C 07-1442 JF (PR)
Petitioner,	JUDGMENT
vs.	
J.S. WOODFORD, et al.,	
Respondents.	

The Court has dismissed the instant habeas action without prejudice because Petitioner's challenges to the conditions of his confinement should be brought in a civil rights complaint pursuant to 42 U.S.C. § 1983. Accordingly, a judgment of dismissal without prejudice is entered. The Clerk shall close the file.

IT IS SO ORDERED.

DATED:

JEREMY ROGEL / United States District Judge

]...

Judgment
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A copy of this ruling was mailed to the following:

Theopric K. Blood saw P-20045 Pelican Bay State Prison P.O. Box 7500 Crescent City, CA 95532

Judgment

P:\pro-se\sj.jf\hc.07\Bloodsaw442jud

Case 5:08-cv-03615-4F Dogument 1/2 April 07/69/2008 Page 6 of 61 BloodsAW Theopric P20045 t duplicate of the statements made by me y the Dept. of Corrections on the original Medical Doctor Jain Bhawna 5-29-07

Bloods AW Meopric P20045 A2-202 A. Describe Problem: On 5-22-07 I was suppose to be a patient of Medical Doctor Bhawna Jain co-cerning my disabilities I was told by her that I bad no disabilities are disabilities had nothing to do with single cell sense that's all you are trying to get. 3084.7. Exceptions to the Regular Appeals Process. 3085. Americans With Disabilities Act. 3377.1. Inmate Custody Designations. 3160. Inmate Access to Courts. 3901.17.2. Criteria for Placement of Parole Hold. 3271. Responsibility of Employees. 3.350.2. OFF-Site Health etc. B. Action Requested: To get CDC 1824 and my privi-leges an benefits CV-00752-JF-550

C.Informal Level (Date Received: 5-29-07)

Staff Response: Denied you were seen by DR:

Jain on 5-22-07 and DR: Sayre 8-30-06 and

after evaluation your request was denied

A. Flower R.N.

5-29-07

D. Formal Level: This is a on-going unlawful act by DR: Jain an DR: Sayre discriminating against qualified individual with a disability is prohibited by Title II of ADA denied two or three times prior to 5-22-07 by DR: Jain 118 s.ct. 1952, 3244.5.206
PA. Dept. of Corrections V. Yeskey (1998)

Blacket Propes	R8-113
Bloods AW T. P20045 I do not have access to a c	opy machine and PBSP
I do not have access to a c B-Facility Law Library LTA appeals unless it went to L attest under penalty of p ments made by me on this t exact duplicate of the sta and by the Dept. of Correct	refuses to copy 602
appeals unless it went to L	prector's Level. 1
attest under penalty of p	erjury that all state-
ments made by me on this t	form are true and an
exact duplicate of the ste	atements made by me
and by the Dept. of Correct	ions on the original
602 Form	
Medical Doctor Jain Bha	wra 6-25-07
Medical Doctor Jain Bha T. Bloodsaw	6-20-08

Bloods Aw T. P20045 A2-202 A). Describe Problem: On 6-25-07 I was refused medical attention by Medical Doctor Bhawna Jain around seven o'clock that morning I had several muscle spasms. I have cervical spine injuries in my neck and degenerative sise disedise is ease it has been a ongoing issue with her it seems to be motivated by hostility. It was a emergency. 3350. Provision of Medical Care and Definitions. 3085. American With Disabilities Act. 3377.1. Inmate Custody Desinations. 3160. Inmate Access to Courts. 8) Action Requested: Hudson V. Mc Millian 503 U.S. 1, 8, 112 S. Ct. 995 (1992) Estelle V. Gamble 429 U.S. 97, 975.ct. 285 (1976) 118 S. ct. 1952, 524 U.S. 206 Pennsylvania Dept. of Corrections V. Yeskey (19 98) 3354.2. Inmate Copayment for Health Care Services. T. Bloodsaw 6-25-07 C.) Informal Level See attached 602 D) Formal Level: 1005.cf. 502, 444 U.S. 232 McLain

V. Real Estate Bd. of New Orleans, Inc. (1980)895. ct. 1322, 394 U.S. 618 Shapiro V. Thompson (1964) 9 S. Ct. 1-22, 128 U.S. 456 Cornelius V. Kessel (1888) 83 S. Ct. 1740 3742.5.398 Sherbert v. Verner (1963)

T. Bloodsaw 6-27-07

BloodsAW7. P20045 A2-202 A. Describe Problem: 196 P.22590, 87 Cal. App. 22 175 Wh-How v. Superior Court of Cal. in and for Ventura County (1948) 96 S.Ct. 1848, 425 U.S. 738 Hospital Bldg. Co. V. Trustees of Rex Hospital (1976) 3000. Definitions. 43 Cal. Rptr. 898, 233 Cal. App. 22799 LeMere v. Goren (1965) 3350-2. Off-Site Health Care Treatment. 3273. Acceptance and Surrender of Custody. 26 S. Ct. 282, 200 U.S. 321 United States v. Detroit Timber & Lumber Co. (1906) 92 U.S. 275, 92 U.S. 275 Chy Lung v. Freeman (1875) B. Action Requested: To receive medical attention by a license physician (ADA) and jurisdiction requirements.

CV-00752-JF-550 C. Informal Level (Date Received 6-28-07) Staff Response: Per your Case Management Nurse you are scheduled to see a primary care provider on 6-28-07 for your neck pain. K. Jackson, OT 6-27-07

D. Formal Level: My appeal was not addressed to Jackson K., Registered Nurse she forged her signature unlawfully. 3084-1-Right to Appeal. 3084.2. Appeal Preparation. 80 s. ct. 412, 361 U.S. 516 Bates V. City of Little Rock (1960) 309 F. Supp. 28789 U.S. V. Khan (2004)

T. Byodsaw 6-27-07

2 HT: 22 dec 5:08-cv-03315716 - goeding only -2/1/Filed 07/09/2008 Page 11 of 61

INMATE/PAROLEE	Location: Institution/Pardie Hagic	on Log No.	Category
APPEAL FORM	1	1	
CDC 602 (12/87)	2	2	
You may appeal any policy, action or decisio committee actions, and classification and state member, who will sign your form and state documents and not more than one additional for using the appeals procedure responsibly.	ff representative decisions, you must f what action was taken. If you are n page of comments to the Appeals Co	irst informally seek relief thro of then satisfied, you may se	ugh discussion with the appropriate staff
NAME	NUMBER ASSIGNMEN	IT	UNIT/ROOM NUMBER
Bloodsow Theopri	C 120045		A5U-E1
A. Describe Problem: Me in a	crisis situtatio	on. I have t	he same problem
	nal. I saw Mai	o-Clines, M	D. recently con -
cerning other med	dical needs but	t. I brought	up the issue ub-
out my abnormal	bowe moveme	nts she mad	le deragatory an
unprofessional ren	narks she's aw	are of my m	edical needs. Sh-
	netype of jell	up my rect	
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	has gotten muc.	h larger yo	nu need a cellie
If you need more space, attach one additiona	l sheet.		
B. Action Requested: Malo-CI Safety it is a pro	lines, M.D. is a oven fact that		my health and ne for malice
reason therefore	I would like a	void contain	ct with her
U.S.C. Amendments	I-IV-V-VIII-)	CIII-XIV	
Inmate/Parolee Signature: T.B	Goodson!		12-4-07
initiate/ Parofee Signature.			Date Submitted: 12-4-07
C. INFORMAL LEVEL (Date Received:	······)		
Staff Response: <b>B4D055</b> - 1	informal revie	w not requi	red = 3
			<b>P</b> - T
	The water of the first will be a second of the	V Comments	
Staff Signature:		Date Retu	urned to Igmate:
D. FORMALL F.V.F.I			
D. FORMAL LEVEL If you are dissatisfied, explain below, attach su	pporting documents (Completed CDC	115, Investigator's Report, CI	assification chrono, CDC 128, etc.) and
submit to the Institution/Parole Region Appea	als Coordinator for processing within	15 days of receipt of respons	е.
ooesn't work on all	of us I do not	believe it	s a head cold me-
dicine. CCR 3084.7	Supreme Cour	t Reports 881	AW. ED. Oct. 1943
TERM U.S.320(pp2/9-	to end) U.S.321-32	2 III Particular	- circumstance un -
der which exhaustio	n of state remed	lies is or is no	ot necessary.
Signature: 7. Blobbs	rv		Pate Submitted: 12-4-07
Note: Property/Funds appeals must be accom-	panied by a completed		CDC Appeal Number:
Board of Control form BC-1E, Inmate Claim			

		cv-03315-JF	Document 1-2		Page 12 of 61
First Level	☐ Granted	P. Granted	_	Other	Dura Data
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For the Direc	ctor's Review, subm	it all documents to:	Director of Corrections P.O. Box 942883		
			Sacramento, CA 94283	3-0001	
			Attn: Chief, Inmate App	peals	
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First Level	Case 5:08-c , □ Granted	☐ P. Granted	Document 1	☐ Other	· ·
E. REVIEWER'S	ACTION (Comple	te within 15 workii	ng days): Date assig	ned-	
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If dissatisfied, a	add data or reaso	ns for requesting	Director's Level B	Pavima and desired	Date Returned to Inmate:  the third level within 15 days of receipt of
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INMATE/PAROLEE APPEAL FORM CDC 602 (12/87)	Location: Institution PBS sion	Log No.	Category
You may appeal any policy, action or decis committee actions, and classification and s member, who will sign your form and sta documents and not more than one addition for using the appeals procedure responsible.	2sion which has a significant adverse affect upon the staff representative decisions, you must first infoliate what action was taken. If you are not then tall page of comments to the Appeals Coordinately.	2.  n you. With the exception and the exception of the ex	otion of Serious CDC 115s, classification ough discussion with the appropriate state end your appeal with all the supporting e action taken. No reprisals will be taken
Bloodenin	16 P20045 ASSIGNMENT		UNIT/ROOM NUMBER
A. Describe Problem: Cherul!	Mala-Clines MA		- ASU-EI
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Inmate/Parolee Signature: 7.	Bloodsay	n making	is he helped
C. INFORMAL LEVEL (Date Received:		Da Da	te Submitted: 12-4-07
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P. FORMAL LEVEL			d to Inmate:
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you are dissatisfied, explain below, attach suppubmit to the Institution/Parole Region Appeals	Coordinator for processing within 15 days of re	gator's Report, Classi eceipt of response.	fication chrono, CDC 128, etc.) and
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Case 5:08-cv-0		9/2008 Page 15 of 61
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Division Head Approved:		Returned
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and Surrender of	FCustody, 3901.17.1. Author	-ity to Place Parole Hold.
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Jy 01.J. Employe	Read And	Date Submitted: 12-6-07
Signature:	1340-0-Claus	Date Submitted. 12
For the Director's Review, submit all	documents to: Director of Corrections P.O. Box 942883 Sacramento, CA 94283-0001 Attn: Chief, Inmate Appeals	
DIRECTOR'S ACTION. The Granted	☐ P. Granted ☐ Denied ☐ Other —	
DIRECTOR'S ACTION: Granted  See Attached Letter		
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CDC 602 (12/87)	0718324 	III

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INMATE/PAROLEE	Location: Institution/Parole Region	Log No.	Category
APPEÄL FORM CDC 802 (12/87)	1.	1.	
You may appeal any policy, action or decided committee actions, and classification and standard whom were appeared to the committee actions and standard committees.	sion which has a significant adverse affect upor staff representative decisions, you must first info ate what action was taken. If you are not then nal page of comments to the Appeals Coordinato bly.	turani a seek tellet futon	gh discussion with the appropriate staff
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E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned:  Interviewed by:	Due Date:
Interviewed by:	
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Staff Signature: Title:	Date Completed:
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Signature: Title:	
F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole receipt of response.	Region Appeals Coordinator within 15 days
3000. Definitions. 3013. Unlawful Influence.	300/17/11/11
to Place Parole Hold. 3377. 1. Inmate Custody	STUI- II-II-IIIII
2 Transta (-2011) + C 21-11/	Designations. 3334
2. Inmate Copayment for Health Care Services	.3350.2.0ff-Site
Health Care Treatment. 3273. Acceptance and So	urrender of Custody
7 Kladdad	Date Submitted: 11-19-07
G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned:	Due Date:
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and for Ventura County (19/8) 118 Cal Rate 1	70 1/2 Cal An- 2180
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131,387 U.S.541 See V. City of Seattle (1967) 3	3084.7. Exceptions et
ignature: T. Browsaw	11-20-07
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or the Director's Review, submit all documents to: Director of Corrections	
P.O. Box 942883 Sacramento, CA 94283-0001	
Attn: Chief, Inmate Appeals	
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CDC 602 (12/87)	Date:

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INMATE/PAROLEE	Location: Institution/Parole Region	Log No.	Category
APPEAL FORM DC 602 (12/87)	1	- 1	6
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Case 5.06-CV-05315-J		107/09/2006 Page 19 01 61
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Warden/Superintendent Signature:		Date Returned to Inmate:
H. If dissatisfied, add data or reasons for reque	sting a Director's Level Review, and so	ubmit by mail to the third level within 15 days of receipt of $20.75 \times 1.75 \times 1.00$
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For the Director's Review, submit all documents t	to: Director of Corrections P.O. Box 942883 Sacramento, CA 94283-0001 Attn: Chief, Inmate Appeals	
DIRECTOR'S ACTION: ☐ Granted ☐ P. G ☐ See Attached Letter	Granted Denied Doth	
CDC 802 (12 (87)		Date:



INMATE/PAROLEE	Location: Institution/Parole Region	Log No.	Catanar
APPEAL FORM CDC 802 (12/87)	1.		Category
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Bloods AW Theopr	16 P20045 ASSIGNMENT	ASU	UNIT/ROOM NUM ASUL-H
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Case 5:08-cv-03315-JF  First Level Granted P. Granted	Document 1-2 Filed 07/0	09/2008 Page 21 of 61
	ng days): Date assigned:	Due Date:
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pp. 20 78971.5. V. Khan	(2004)	
Signature: T. Bl	vonsaw	Date Submitted: <u>1-2-08</u>
For the Director's Review, submit all documents to:	Director of Corrections P.O. Box 942883	
	Sacramento, CA 94283-0001	
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CDC 602 (12/87)

INMATE/PAROLEE	Location: Institution December	Log No.	Category
APPEAL FORM	1 FDOI	1	
CDC 802 (12/87)	2	2	-
You may appeal any policy, action or decise committee actions, and classification and smember, who will sign your form and standocuments and not more than one addition for using the appeals procedure responsible.	staff representative decisions, you must firs Ite what action was taken. If you are not hal page of comments to the Appeals Coord	t upon you. With the excertions informally seek reliable then satisfied by the by sendinator within to days of the control of	erious CDC 115s, classificated scussion with the appropriate dyour speal with all the supportion to be not reprisals will be to
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INMATE/PAROLEE	Location: Institution/Parole Region	Log No.	Category O
APPEAL FORM	1	1. <u></u>	
CDC 602 (12/87)	•	•	
member, who will sign your form and eta	sion which has a significant adverse affect up staff representative decisions, you must first in ite what action was taken. If you are not the hal page of comments to the Appeals Coordina ity.	ionnany seek retter through	n discussion with the appropriate
Blood SAW Theop	ric P20045 ASSIGNMENT		UNIT/ROOM NUM ASU-L
A. Describe Problem: a lot o	fcorruption o.	n my beho	alf by medi
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Case 5:08-cv-03315-JF	Document 1-2 Filed 07/0	19/2008 Page 25 of 61
E. ŖE♥IEWER'S ACTION (Complete within 15 wor	king days): Date assigned:	Due Date:
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Staff Signature:	Title:	•
Signature:	Title:	Returned Date to inmate
receipt of response.		or Parole Region Appeals Coordinator within 15 days o
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Surrender of Custo	dy. 3901.17.1. Aut	pority to Place Parole
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T 01	12 12 U.S.ZIJ LNY XU	ung v. Freeman (1875)
Signature:	Daw	Date Submitted: 2-15-08
Second Level Granted P. Granted	☐ Denied ☐ Other	
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See Attached Letter	king days). Date assigned.	Due Date.
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Warden/Superintendent Signature:		Date Returned to Inmate:
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response.	and a submit to	y man to the time level within 15 days of receipt of
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For the Director's Review, submit all documents to	Director of Corrections P.O. Box 942883	
	Sacramento, CA 94283-0001	
	Attn: Chief, Inmate Appeals	
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## 104. 2 de 5:08-cv-03315-JF Document 1 /2 Fled 07/09/2008 Page 26 of 61

INMATE/PAROLEE	Location: Institution/Parole Region	Log No.	Category
APPEAL FORM CDC 602 (12/87)	1	1. <u></u>	8
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You may appeal any policy, action or decision committee actions, and classification and staff member, who will sign your form and state with documents and not more than one additional procedure responsibly.		morning it sook tallet fill 0	UGN alscussion with the appropriate and
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First Level Case 5:08-cv-03	3315-JF Document 1-2 Filed 07.	/09/2008 Page 27 <sup>-</sup> of 61
E. REVIEWER'S ACTION (Complete wit	hin 15 working days): Date assigned:	Due Date:
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PPEAL FORM : 802 (12/87)	2	2	
umay appeal any policy, action or decision whice mmittee actions, and classification and staff representer, who will sign your form and state what cuments and not more than one additional page of using the appeals procedure responsibly.	h has a significant adverse aff esentative decisions, you must f action was taken. If you are n of comments to the Appeals Co	ect upon you. With the exception first informally seek relief through not then satisfied, you may send ordinator within 15 days of the a	n of Serious CDC 115s, classification had scussion with the appropriate staff by your appeal with all the supporting ction taken. No reprisals will be taken UNIT/ROOM NUMBER
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Board of Control form BC-1E, Inmate Claim

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	Attn: Chief, inmate Appeals	
	Director of Corrections P.O. Box 942883 Bacramento, CA 94283-0001	
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INMATE/PAROLEE	coodion. Institution/Par	=======================================	(	Category
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Case 5:08-cv-03315-JF/11 Dogument 1/2

Page 32 of 61 STATE OF CALIFORNIA **DEPARTMENT OF CORRECTIONS** Location: Institution **INMATE/PAROLEE APPEAL FORM** CDC 602 (12/87) 2. You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC \$15s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly. ASSIGNMENT UNIT/ROOM NUMBER Blooksan P2004 EI A. Describe Problem: If you need more space, attach one additional sheet. B. Action Requested: . .5 le atta CAC Inmate/Parolee Signature: \_ Date Submitted: \_ C. INFORMAL LEVEL (Date Received: \_ Staff Response: \_\_ Staff Signature: Date Returned to Inmate: D. FORMAL LEVEL If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response

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Board of Control form BC-1E, Inmate Claim

Signature:

Note: Property/Funds appeals must be accompanied by a completed

**CDC Appeal Number:** 

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INMATE/PAROLEE	03315-JF Document 1-2	Filed 07/09/2008 P	Page 34 of 61 Category
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STATE OF CALIFORNIA 08-CV-03315-JF	Document 1-2	Filed 07/09/20	08 Page 36 of	61
REASONABLE MODIFICATION	OR INSTITUTION	PEREGION:	LOG NUMBER:	NT OF CORRECTIONS
CDC 1824 (1/95)			B06-02075	18. ADA
, ,				10
NOTE: THIS FORM IS TO BE U	SED ONLY BY INMATES/F	PAROLEES WITH [	SABILITIES	19
In processing this reques under the Americans With	st, it will be verified that the i	nmate/parolee has	a disability which is cov	vered MD
	II Disabililles Act.			B8-209
INMATE/PAROLEE'S NAME (PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HODSING
BIODOSAW IREOPTIC		N/A	N/A	188-120
In accordance with the provisions of shall, on the basis of disability, be exclusive and a public entity, or be subjected.	iueu itotti darticidation in.	ollities Act (ADA), or be denied the l	no qualified individu	als with a disability
You may use this form to request she	cteu to discrimination. Reific reasonable modifice	tion or necessary	la41	
you to participate in a service, activity o qualified/eligible to participate.	r program offered by the I	Department/institu	iation which, it grante tion/facility, for which	id, would enable 1 you are otherwise
Submit this completed form to the ins	stitution or facility's Anne	ale Coordinatorio	Office Advantations	
If you do not agree with the decision	on this form, you may but	UPS SEA THA AAMES	stad tames will be a set.	
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To proceed to SECOND LEVEL, attack of the appeal form.		*		_
Submit the appeal with attachment to rendered on this request form.				
If you are not satisfied with the SECO the CDC 602.	ND LEVEL review decisio	n, you may reques	t THIRD LEVEL revie	w as instructed on
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DESCRIPTION OF DISABILITY:	ATION OR ACCOMM	ODATION REGI	JESTED	
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WHAT SPECIFIC MODIFICATION OR ACCO	OMMODATION IS REQUES	TED?		<u> </u>
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(Rehabilitation Act) Per	anculvania De	pot of Cor	rections V	15.C. 194
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Custody Designations. 3	375. Classifi	cation Pro	cess.	- INTOIC
T. Bloomsau		0	9-06	1.00
INMATE/PAROLEHS SIGNATURE	2 ND HOM	DATE SIG	1-06 NED	
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REASONABLE MODIFICATION OR ACCOMMODATION REQUEST CDC 1824 (1/95)

REVIEWER'S ACTION
TYPE OF ADA ISSUE  DATE PUE: 9/19/06
PROGRAM, SERVICE, OR ACTIVITY ACCESS (Not requiring structural modification)
Auxiliary Aid or Device Requested
Other Total Modical Dischled due to
PHYSICAL ACCESS (requiring structural modification)
DISCUSSION OF FINDINGS: I racto seaking total medical
disability which is not in the first the
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and a low bunk chrona datal 8/29/06
Total and by ma on 8/39/66 Innate allasta
Intervences by me on 8/38/06 Innate allasty
No liverthing
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DATE INMATE PAROLEE WAS INTERVIEWED  CHALL CLines  PERSON WHO CONDUCTED INTERVIEW
DISPOSITION
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BASIS OF DECISION:
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He has no disabily by his own sealments
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NOTE: If disposition is based upon information provided by other stan or other resources, specify the resources,
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NOTE: If disposition is based upon information provided by other stant of other resources, specify the provided, with time provided. If the request is granted, specify the process by which the modification or accommodation will be provided, with time trames if appropriate.  DISPOSITION RENDERED BY: (NAME)
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provided. If the request is granted, specify the process by which the incumcation of description and trames if appropriate.  DISPOSITION RENDERED BY: (NAME)  APPROVAL

Case 5:08-cv-03315-JF Document 1-2
REASONABLE MODIFICATION OR ACCOMMODATION REQUEST
CDC:1824 (1/95)

REVIEWER'S ACTION
TYPE OF ADA ISSUE  DATE DUE:
PROGRAM, SERVICE, OR ACTIVITY ACCESS (Not requiring structural modification)  Auxiliary Aid or Device Requested  Other
PHYSICAL ACCESS (requiring structural modification)
Discussion of Findings: YM SUBMITTED THIS CDC 1824 dated 08-23-04 Stating your claims of heaving impairment as well as a histore of sun shot wounds which was have causal a undough, Impairment of works appeal was suspended on 09-21-04 pendic, further outside consultations + evaluations. In examination and assessment of your physical condition as well as recent x-rays was completed by Dr. TANTI with the UCDAVIS Telemelicine health system orathopedic clinic on 02-03-05. The radiographic furthing were consistent with those noted in 1992. Heaving tests resultal in your being filted with Leaving aids on 03-18-05. During our interview, you stated that your heaving was improval when you wear the heaving aids.
DATE INMATE/PAROLEE WAS INTERVIEWED  FREDERICK W. SPENCER PERSON WHO CONDUCTED INTERVIEW
DISPOSITION STANDARD DENIED STANDARD DENIED STANDARD
BASIS OF DECISION: You were fitted with two heaving and 5 mm 03-18-05 and your of the theat your ability to heave is improved. Your orthogracic exam resulted in an assessment of cervical spine of coarthritis secondary to assault with radicial as supplement, Although this condition would cause spisodes of upper body of fives with occasional radiation pain it would not cause you to be mobiling improved, you are currently and have been single celled. You have not received official single cell offices, specify the resource and the information provided. If the request is granted, specify the process by which the modification or accommodation will be provided, with time frames if appropriate.  DISPOSITION RENDERED BY: (NAME)  PRENERICK W. SPENCER DIS  APPROVAL  ASSOCIATE WARDEN'S SIGNATURE  DATE SIGNED
Circle 3/22/05

Reallon R/N

Document 1-2

Filed 07/09/2008

Page 39 of 61
DEPARTMENT OF CORRECTIONS

# 2/14 REASONABLE MODIFICATION OR ACCOMMODATION REQUEST CDC 1824 (1/95)

INSTITUTION/PARGLE REGION:

A-114-112445

LOG NUMBER:

18. ADA

CATEGORY:

## NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act. 25 CDC NUMBER HOURS/WATCH HOUSING INMATE/PARQLEE'S NAME (PRINT) ASSIGNMENT In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination. You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate. Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you. If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review. A mention for matter To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form. Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form. if you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602. MODIFICATION OR ACCOMMODATION REQUESTED DESCRIPTION OF DISABILITY: Slow to head WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY? DESCRIBE THE PROBLEM:

INMATÉ/PAROLEE'S SIGNATURE

CDC 19 Gase 5:08-cv-03315-JF Document 1-24-5-Filed 07/08/2008 Page 44-64-61(	) SCΩ
	,
TYPE OF ADA ISSUE  DATE ME: 9-1-05	
PROGRAM, SERVICE, OR ACTIVITY ACCESS (Not requiring structural modification)	
Auxiliary Aid or Device Requested  Cther	
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PHYSICAL ACCESS (requiring structural modification)	
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12/11/01 MAA	<del></del>
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DISPOSITION PERSON VARO CONDUCTED INTERVIEW	The State of
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BASIS OF DECISION:	<del></del>
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MOTE: If disposition is based upon information provided by other staff or other resources, specify the resource and the information. If the request is granted appecify the process by which the provided.	
frames it appropriate.	::1012
DISPOSITION RESIDERED BY (NAME) TITLE (MOLA) INSTITUTION FACILITY	alter actings.
ASSOCIATE WARDEN'S SIGNATURE (14.0) IDATE SIGNED (	~~~j
AUGULIA DENS SIGNATURE DATE SIGNED DATE SIGNED	
DATE RETURNED TO IMMATS/PAROLEE	×
3-1-06	

Case 5:08-cv-03315-JF Filed 07/09/2008 Page 42 of 61 Document 1-2 STATE OF CALIFORNIA GA-22 (9/92) INMATE REQUEST FOR INTERVIEW DEPARTMENT OF CORRECTIONS DATE TO ( CDC NUMBER JOB NUMBER FROM OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.) **ASSIGNMENT HOURS** то Clearly state your reason for requesting this interview. You will be called in for interview in the near future if the matter cannot be handled by correspondence.

Name & Number: Case 5:08-cv-03315-JF BLOODSAW, THEOPRIC

P20045

Filed 07/09/2008 B8-209L Page 43 of 61

CDC-128C

Due to a medical condition, please allow this patient to have his bilateral hearing aids in his cell, for duration of one (1) year. EXPIRES: 03/06/08 (Written by C. Malo-Clines, F.N.P.)

Original: Medical Records

cc: Unit Sgt. Inmate CCII-Fac C-File Specialty Clinic

MICHAEL SAYRE, M.D.

Chief Medical Officer

Written: 03/07/07

Typed: 03/12/07

BLOODSAW, THEOPRIC

P20045

PBSP/dk

MEDICAL

772

Name & Number: BLOODSAW, THEOPRIC

P20045

A4-226

**CDC-128C** 

Due to a medical condition, please issue this patient hearing aids for duration of ONE (1) year. EXPIRES:

10/18/05 (Written by J. LAZORE F.N.P.)

Original: Medical Records

cc: Unit Sgt.

Inmate

CCII-Fac C-File Specialty Clinic

DWIGHT W. WINSLOW, M.D.

Health Care Manager

Written: 10/18/04

Typed: 10/21/04

BLOODSAW, THEOPRIC

P20045

PBSP/bgr

**MEDICAL** 

28		Case 5:08-cv-03315-JF
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		request for disability placement. Thursday
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INMATE / PAROLES APPEAL FORM CDC 802 (12/87)	34-5-Ji Scatton Astitus	2   Hed (776-72008   Log lb.   1.	Page 46 of 61
<ul> <li>committee actions, and classification are member, who will sign your form and</li> </ul>	nd staff representative decisions, you I state what action was taken. If you Itional page of comments to the Appe	amust first informally seek relief the u are not then satisfied, you may	ception of Serious CDC 115s, classification hrough discussion with the appropriate staff y send your appeal with all the supporting f the action taken. No reprisals will be taken
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Location: Institution/Parole Region

INMATE/PAROLEE	Location: Institution/Parole Region	Log No.	Category
APPEAL FORM CDC 602 (12/87)	1.	1	
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Case 5:08-cv-03315-JF

Document 1-2

Filed 07/09/2008

Page 48 of 61

10

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE APPEALS BRANCH
P. O. BOX 942883
SACRAMENTO, CA 94283-0001

## DIRECTOR'S LEVEL APPEAL DECISION

Date:

NOV 0 2 2006

ln re:

Bloodsaw, P-20045 Pelican Bay State Prison P.O. Box 7000 Crescent City, CA 95531-7000

IAB Case No.: 0603932

Local Log No.: PBSP 06-02075

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner B. Sullivan, Staff Services Manager I. All submitted documentation and supporting arguments of the parties have been considered.

- I APPELLANT'S ARGUMENT: It is the appellant's position that he has a gunshot in his left hip and has lower back pain, cervical spine problems, dizziness, and muscle spasms. He asks to be deemed totally disabled.
- II SECOND LEVEL'S DECISION: The reviewer found that Dr. Sayre interviewed the appellant August 30, 2006. The appellant clearly stated that he has no disability and can do everything. The appellant wants to be declared disabled when he paroles. The examination of the appellant revealed that there is no medical reason for him to be medically disabled at this time. He was given a medical chrono for a low bunk. Dr. Sayre stated that the appellant is not having any difficulty with activities of daily living at Pelican Bay State Prison (PBSP). The appeal is denied at the Second Level of Review.
- III DIRECTOR'S LEVEL DECISION: Appeal is denied.
  - **A. FINDINGS:** At the Director's Level of Review, the appellant alleges medical negligence by Dr. Sayre. He claims to have a disability of the cervical spine.

The appellant must understand that pursuant to the Armstrong Remedial Plan (ARP), Section IV.I.14.f, "Only when an inmate's disability, even with reasonable accommodation, renders the inmate ineligible to participate in any available academic/vocational or work program for which the inmate is otherwise qualified, will the inmate be deemed "Medical Unassigned" or "Medically Disabled" by the Unit Classification Committee...It will be only on the rarest of occasions that the classification committee will place an inmate on medical/psychiatric unassigned or medically disabled status." The appellant does not meet the requirements as having a disability pursuant to the Armstrong Remedial Plan (ARP). After considering the evidence and arguments herein, it has been determined that staff acted appropriately on the appellant's request.

## B. BASIS FOR THE DECISION:

Armstrong Remedial Plan: ARPI, ARPII.A, ARPII.F, ARPIV.I.14 California Code of Regulations, Title 15, Section: 3040, 3043, 3044, 3085, 3350, 3354

C. ORDER: No changes or modifications are required by the institution.

This decision exhausts the administrative remedy available to the appellant within CDCR.

N. GRANNIS, Chief Inmate Appeals Branch

cc: Warden, PBSP

Health Care Manager, PBSP Appeals Coordinator, PBSP Medical Appeals Analyst, PBSP

# ADA SECOND LEVEL APPEAL RESPONSE

**RE:** PELICAN BAY STATE PRISON

Appeal Log: PBSP-B-06-02075 Inmate: BLOODSAW, P20045

Maureen McLean, FNP, Health Care Manager at Pelican Bay State Prison (PBSP) reviewed this matter. Joseph Kravitz, Health Program Coordinator conducted the Appeal at the Second Level of Review on September 20, 2006.

APPEAL ISSUE: You filed a Reasonable Modification or Accommodation Request, CDC 1824, on August 9, 2006. Included in the document is your request to be declared totally disabled. Your description of your disability is documented as Cervical Spine, abnormal C5/6 inter-space, dizziness, muscle spasms, gunshot in the left hip and lower back pain. The documentation you provided with this appeal includes x-ray reports and a police incident report. You go on to describe the problem as severe pain and discomfort, spasms and dizziness. You are specifically requesting to be declared disabled. C. Malo-Clines, FNP, examined you for the first level of this appeal on August 11, 2006. At the interview you requested total medical disability. The results of the examination revealed that there was no medical reason/indication at that time. You were given a medical chrono for a low bunk. Additionally is noted on the appeal form that Dr. Sayre, M.D., interviewed you on August 30, 2006 and you clearly stated you had no disability and can do everything. This appeal was denied at the first level based on the examination and your own statements.

FINDINGS: A review of your appeal has been completed. Your appeal with the attachments and your requested action has received careful consideration. I, M. McLean, FNP, Health Care Manager, was assigned to investigate your allegations. Joseph Kravitz, Health Program Coordinator, reviewed your medical file and responses on September 20, 2006. Your medical file was reviewed and Dr. Sayre M.D., Chief Medical Officer was consulted. Dr Sayre stated that your only concern was that you wanted to be declared disabled when you paroled He further stated you were not having any difficulty with activities of daily living here at Pelican Bay State Prison. Based on the documentation provided, your examination and interview by health care staff here at Pelican Bay State Prison and review of your medical file, there is no indication that you qualify for disability designation.

**DECISION:** The Appeal is Denied.

The appellant is advised that this issue may be submitted for a Director's Level of Review if desired.

Joseph Kravitz

Date

Health Care Manager

Health Program Coordinator

Health Care Manager

• STATE OF CALIFORNIA —DEPARTMENT OF CORRECTIONS AND REHABILITATION

ARNOLD SCHWARZENEGGER, GOVERNOR

#### INMATE APPEALS BRANCH

1515 S Street, Sacramento, CA 95814 P.O. Box 942883 Sacramento, CA 94283-0001



March 5, 2008

BLOODSAW, THEOPRIC, P20045 Pelican Bay State Prison P.O. Box 7000 Crescent City, CA 95531-7000

RE: IAB# 0719905

**MEDICAL** 

Mr. BLOODSAW:

The Inmate Appeals Branch, California Department of Corrections and Rehabilitation (CDCR) acts for the Director, Division of Adult Institutions, at the third level of appeal. The Branch examines and responds to inmate and parolee appeals that are submitted on a CDC Form 602, Inmate/Parolee Appeal Form, after the institution or parole region has responded at the Second Level of Appeal.

Institution and parole staff are available to assist you in obtaining additional copies of forms and documents required to submit an appeal. The inmate library offers resources and assistance to obtain general information regarding regulations, procedures, policies, and government agency addresses. Additionally, your assigned Counselor or Parole Agent, or the Appeals Coordinator can answer any questions you may have regarding the appeals process. The Inmate Appeals Branch appreciates your responsible use of the appeal system to address your grievance.

The Inmate Appeals Branch has received an appeal from you and has determined that it does not comply with the appeal procedures established in California Code of Regulations (CCR) Title 15, Article 8, and is being screened-out and returned to you pursuant to CCR 3084.3 for the following reason(s):

Your appeal was rejected, withdrawn or cancelled. If you disagree with that decision, contact the Appeals Coordinator. You must comply with instructions from that office.

N. GRANNIS, Chief

Inmate Appeals Branch

13	Case 5:08-cv-03315-1E/PAROLLE APPEALS SURLENDO PROPERTY PORM Page 51 of 61
Name:	Case 5:08-cv-03315-JE/PAROLLEEAPPEALS SCREENING PAGE 51 of 61  Blood Shaw T. Number: P20045 Housing: A5U & 01 C
	YOUR APPEAL IS BEING REJECTED/CANCELLED AND RETURNED FOR THE FOLLOWING:
Screeni [ ] 1.	ng Appeals Rejection Criteria: The resolution is not within CDC's jurisdiction. See CCR, Title 15, Sections 3084.2(e) and 3084.3(c)(1).
[]2.	The appeal duplicates the inmates previous appeal. See CCR, Title 15, Section 3084.3(c)(2).  [ ] (a) Your appeal has been screened out on for  [ ] (b) Your appeal is being reviewed at the Level, Log #  [ ] (c) Your appeal has been completed at the Level, Log #
[]3.	The appeal concerns an anticipated action or decision. See CCR, Title 15, Section 3084.3(c)(3).
[]6.	The appeal exceeds the 15 working days time limit, and the inmate has failed to offer a credible explanation as to why he could/did not submit the appeal within the time limit. See CCR, Title 15, Sections 3084.2(c), 3084.3(c)(6), and 3084.6(c).
8.	Abuse of the Appeal Process/Right to Appeal.  [] (a) Excessive filings. Submission of more than one non-emergency appeal within a seven-calendar-day period is excessive. See CCR, Title 15, Section 3084.4(a).  [] (b) Inappropriate statements. The Appeal contains false information, profanity, or obscene language. The appeal is rejected. See CCR, Title 15, Section 3084.4(b).  [] (c) Excessive verbiage. Appeal cannot be understood or is obscured by pointless verbiage or voluminous, unrelated documentation. See CCR, Title 15, Section 3084.4(c).  [] (1) Only allowed 1 added page, front and back, to describe the problem and action requested in Sections A and B, per CCR, Title 15, Section 3084.2(a)(1).  [] (2) Only supporting documentation necessary to clarify appeal shall be attached to the appeal, per CCR, Title 15, Section 3084.2(a)(2).  [] (d) Lack of cooperation. Appellant refused to cooperate and/or interview with the reviewer which has resulted in cancellation of the appeal, per CCR, Title 15, Section 3084.4(d).  [] (1) Your appeal was screened out and returned to you with instructions:  [] [] (e) Failed to reasonably demonstrate the decision, action, policy, or condition as having an adverse affect upon the inmate's welfare, per CCR, Title 15, Section 3084.1(a).  [] (f) This is a request for information. It is not an appeal. Write a note (GA-22, Request For Interview form or CDC-7362, Medical Request form).
[ ] 9.	Cannot appeal on behalf of another inmate/person. See CCR, Title 15, Sections 3084.2(d) and 3084.3(c)(7).
[]10.	Issue resolved at previous level of Appeal review. See CCR, Title 15, Sections 3084.3(c)(8) and 3084.4(d).
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<u>'C</u>	are mortder therefore your appeal is
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This screening decision may not be appealed unless you can support an argument that the above is inaccurate. In such a case, please return this form to the Appeals Office with the necessary supporting information.

J. J. KRAVITZ CC II

Medical Appeals Coordinator

Case 5:08-cv-03/245/JE - Dosyment 1-Ap Filed 01/09/2008

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STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

REASONABLE MODIFICATION OR **ACCOMMODATION REQUEST** CDC 1824 (1/95)

INSTITUTION/PARCIES REGION
<b>582L</b>

LOG NUMBER:

CATEGORY: 18. ADA

# NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

		<del></del>		
INMATE/PAROLEE'S NAME (PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING
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In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

 $ar{\mathsf{Y}}$ ou may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise

qualified/eligible to participate.

Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision

rendered on this request form. If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

# MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

# **CDC-1824 ADA APPEAL SCREENING FORM**

To: Bloodsow T CDC#: P20045 Housing: ASY-E/ Appeal Log #:
YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):
[ ] You have already submitted an appeal on this same issue. CCR 3084.3(c)(2) Refer to Log #
[ ] In your appeal you are requesting a transfer solely for medical treatment. This request is a non-Americans with Disabilities Act issue; therefore, your appeal was re-categorized as a CDC 602, Inmate/Parolee Appeal Form. ARP §IV.23.b.
In your appeal you are complaining about pain and requesting medical treatment with no indication that program access is denied or impeded. This request is a non-Americans with Disabilities Act issue; therefore, your appeal was re-categorized as a CDC 602, Inmate/Parolee Appeal Form. ARP §IV.23.b.
[ ] You are requesting a Second Level review. However, you have not adequately explained your dissatisfaction with the First Level review. Pursuant to the Armstrong Remedial Plan, you must explain your dissatisfaction with the First Level Response and suggest an appropriate resolution. ARP §IV.23.e.
[ ] Your appeal includes both Americans with Disabilities Act (ADA) and non-ADA issues. Staff shall address your ADA issues only. Your non-ADA issues may be recorded on a CDC 602, Inmate/Parolee Appeal Form. ARP §IV.23.b.
[ ] You are requesting medical treatment for a condition that does not substantially limit a major life activity as defined in the ARP Plan. ARP 423b
[ ] You have inadequately completed the CDC Form 1824 or 602 (e.g., no signature, section incomplete, missing appeal attachments, etc.). Correct the missing information and forward the appeal back to the Appeal Coordinator's office. CCR 3084.3(c)(5).
Remarks: 1) you have not Demonstrates Access to Care 15546
2) you are reguesting to be examined and distinoses
3) you are veguesting Single Cell STATIES
Please correct the indicated problems and return your appeal to the Medical Appeals Office.
KRAVITZ CC II Date
Medical Anneals Coordinator

Note: Failure to follow instructions will be reviewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed unless you allege the above reasons are inaccurate. In such a case, please return this form to the Appeals Coordinator with the necessary information. You have only 15 days to comply with any of the above directives. CCR 3084.3(c)(6) / 3084.6(c).

PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE!

ARNOLD SCHWARZENEGGER, GOVERNOR

INMATE APPEALS BRANCH

1515 S Street, Sacramento, CA 95814 P.O. Box 942883 Sacramento, CA 94283-0001



March 25, 2008

BLOODSAW, THEOPRIC, P20045 Pelican Bay State Prison P.O. Box 7000 Crescent City, CA 95531-7000

RE: IAB# 0721767

**MEDICAL** 

Mr. BLOODSAW:

The Inmate Appeals Branch, California Department of Corrections and Rehabilitation (CDCR) acts for the Director, Division of Adult Institutions, at the third level of appeal. The Branch examines and responds to inmate and parolee appeals that are submitted on a CDC Form 602, Inmate/Parolee Appeal Form, after the institution or parole region has responded at the Second Level of Appeal.

Institution and parole staff are available to assist you in obtaining additional copies of forms and documents required to submit an appeal. The inmate library offers resources and assistance to obtain general information regarding regulations, procedures, policies, and government agency addresses. Additionally, your assigned Counselor or Parole Agent, or the Appeals Coordinator can answer any questions you may have regarding the appeals process. The Inmate Appeals Branch appreciates your responsible use of the appeal system to address your grievance.

The Inmate Appeals Branch has received an appeal from you and has determined that it does not comply with the appeal procedures established in California Code of Regulations (CCR) Title 15, Article 8, and is being screened-out and returned to you pursuant to CCR 3084.3 for the following reason(s):

Your appeal was rejected, withdrawn or cancelled. If you disagree with that decision, contact the Appeals Coordinator. You must comply with instructions from that office.

N. GRANNIS, Chief Inmate Appeals Branch State of California
CDC FORM 695
Screening For:
CDC 602 Inmate/Parolee Appeals
CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

January 15, 2008

## BLOODSAW, P20045

ASUE0000000001L

Log Number: PBSP-S-

(Note: Log numbers are not assigned to screen out appeals or informal level appeals.)

The enclosed documents are being returned to you for the following reasons:

Your appeal issue and reasonable accommodation requested do not meet the criteria to be filed on a CDC Form 1824. Please resubmit on a CDC Form 602, Inmate/Parolee Appeal Form.

YOU WERE SEEN ON 1-11-08. X-RAYS WERE ORDERED AND MEDICATION PRESCRIBED. BASED ON A REQUEST FOR SINGLE CELL ON YOUR HEALTHCARE REQUEST, THE CLINICIAN STATED THAT YOU DO NOT REQUIRE SINGLE CELL STATUS. WITH THAT SAID, YOUR APPEAL IS NOT AN AMERICANS WITH DISABILITIES ACT ISSUE AS YOU ARE NOT BEING DENIED ACCESS TO ANY PROGRAM OR SERVICE NOR IS HAS YOUR NECK/BACK PAIN AFFECTING A MAJOR LIFE ACTIVITY. YOUR REQUEST FOR SINGLE CELL STATUS IS A REGULAR APPEAL ISSUE THAT HAS BEEN ADDRESSED ALREADY. LIKE YOU HAVE BEEN ADVISED MANY TIMES BEFORE, BRING YOUR REQUEST FOR SINGLE CELL TO UCC. IF YOU ARE DISSATISFIED WITH THE ACTION TAKEN BY UCC YOU CAN ATTACH YOUR CDCR 128-G TO A 602 AND HAVE YOUR ISSUE REVIEWED.

Appeals Coordinator

Pelican Bay State Prison

Screening Decision Reviewed/WHELD, PICASE SUBMIT 128-6 DENYIND SIC W/ 602. C. WENDER, AC

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

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REASONABLE MODIFICATION OR	INSTITUTIONPAR	OLE REGION	DEPART LOG NUMBER:	MENT OF CORRE	CTIONS
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		ittes act (ADA), or be denied the l	no qualified indivi	duals with a dis	ability
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qualified/eligible to participate.	bill othered by the Di	eparmenvinstitu	tion/facility, for wh	iich you are oth	erwise
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STATE OF CALIFORNIA - DEPARTMENT OF CORRECTIONS AND REHABILITATION

ARNOLD SCHWARZENEGGER, GOVERNOR

#### INMATE APPEALS BRANCH

1515 S Street, Sacramento, CA 95814 P.O. Box 942883 Sacramento, CA 94283-0001



April 22, 2008

BLOODSAW, THEOPRIC, P20045 Pelican Bay State Prison P.O. Box 7000 Crescent City, CA 95531-7000

RE: IAB# 0724907

ADA

Mr. BLOODSAW:

The Inmate Appeals Branch, California Department of Corrections and Rehabilitation (CDCR) acts for the Director, Division of Adult Institutions, at the third level of appeal. The Branch examines and responds to inmate and parolee appeals that are submitted on a CDC Form 602, Inmate/Parolee Appeal Form, after the institution or parole region has responded at the Second Level of Appeal.

Institution and parole staff are available to assist you in obtaining additional copies of forms and documents required to submit an appeal. The inmate library offers resources and assistance to obtain general information regarding regulations, procedures, policies, and government agency addresses. Additionally, your assigned Counselor or Parole Agent, or the Appeals Coordinator can answer any questions you may have regarding the appeals process. The Inmate Appeals Branch appreciates your responsible use of the appeal system to address your grievance.

The Inmate Appeals Branch has received an appeal from you and has determined that it does not comply with the appeal procedures established in California Code of Regulations (CCR) Title 15, Article 8, and is being screened-out and returned to you pursuant to CCR 3084.3 for the following reason(s):

The CDC 602, Inmate/Parolee Appeal Form, must be completed through the Second Level of Review on behalf of the Warden or Parole Region Administrator.

N. GRANNIS, Chief

Inmate Appeals Branch

State of California
CDC FORM 695
Screening For:
CDC 602 Inmate/Parolee Appeals
CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

April 8, 2008

BLOODSAW, P20045 CF10L-000000111L (154 F12

Log Number: PBSP-C-

(Note: Log numbers are not assigned to screen out appeals or informal level appeals.)

The enclosed documents are being returned to you for the following reasons:

Your appeal issue and reasonable accommodation requested do not meet the criteria to be filed on a CDC Form 1824. Please resubmit on a CDC Form 602, Inmate/Parolee Appeal Form.

THIS APPEAL, LIKE SO MANY OTHERS YOU HAVE ATTEMPTED TO FILE IN THE PAST MENTIONS YOUR REQUEST FOR SINGLE CELL. YOU HAVE BEEN ADVISED ON A MINIMUM OF FIVE OCCASIONS THAT YOU MUST BRING YOUR REQUEST TO UCC/ICC AND ATTACH YOUR 128-G WHEREIN COMMITTEE REVIEWED YOUR REQUEST AND DENIED IT. IN ADDITION, THIS APPEAL PROCESS MUST BE ACCOMPLISHED UTILIZING THE CDCR FORM 602 AS YOUR REQUEST FOR SINGLE CELL IS NOT AN AMERICANS WITH DISABILITIES ACT ISSUE:

Appeals Coordinator Pelican Bay State Prison

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

Case 5:08-cv-083/18-67/ Cheroupropt 1/4 / Filed 01/09/2008 Page 59 of 61

STATE OF CALIFORNIA

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST CDC 1824 (1/95)

	DEPART	MENT OF CORRECTION
INSTITUTION PAROLE REGION:	LOG NUMBER:	CATEGORY:
		18. ADA

# NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

Unider the Americans With Di	ISADIIITIES ACT.		-	
INMATE/PAROLEE'S NAME (PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	LIOUGINO
Bloodsaw Theoprie	P20045	N/A	N/A	HOUSING C / 0 - / / /
In accordance with the provisions of the shall, on the basis of disability, be excluded programs of a public entity, or be subjected You may use this form to request specificate in a service, activity or provided the participate in a service, activity or provided the service activity.	d to discrimination.	or be denied the l	penefits of the servi	ces, activities, or
qualified/eligible to participate.  Submit this completed form to the institu	ution or facility's Appea	epaπmenvinstitu	ition/facility, for which	ch you are otherwise
If you do not agree with the decision on the constitutes a decision at the FIRST LEVEL (	this form, you may pur	ice and the compi sue further review	leted form will be rai /. The decision rend	turned to you. lered on this form
To proceed to SECOND LEVEL, attach the of the appeal form.  Submit the appeal with attachment to the rendered on this request form.				
If you are not satisfied with the SECOND the CDC 602.				
MODIFICAT	TON OR ACCOMMO	DDATION REQ	HESTER II	<u> </u>
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INMATE/PAROLEE'S SIGNATURE

APR 0 8 2008

Filed 07/09/2008

STATE OF CALIFORNIA - DEPARTMENT OF CORRECTIONS AND REHABILITATION

ARNOLD SCHWARZENEGGER, GOVERNOR

#### INMATE APPEALS BRANCH

1515 S Street, Sacramento, CA 95814 P.O. Box 942883 Sacramento, CA 94283-0001



April 10, 2008

BLOODSAW, THEOPRIC, P20045 Pelican Bay State Prison P.O. Box 7000 Crescent City, CA 95531-7000

RE: IAB# 0723503

MEDICAL

Mr. BLOODSAW:

The Inmate Appeals Branch, California Department of Corrections and Rehabilitation (CDCR) acts for the Director, Division of Adult Institutions, at the third level of appeal. The Branch examines and responds to inmate and parolee appeals that are submitted on a CDC Form 602, Inmate/Parolee Appeal Form, after the institution or parole region has responded at the Second Level of Appeal.

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The Inmate Appeals Branch has received an appeal from you and has determined that it does not comply with the appeal procedures established in California Code of Regulations (CCR) Title 15, Article 8, and is being screened-out and returned to you pursuant to CCR 3084.3 for the following reason(s):

Your appeal was rejected, withdrawn or cancelled. If you disagree with that decision, contact the Appeals Coordinator. You must comply with instructions from that office.

N. GRANNIS, Chief Inmate Appeals Branch

# INMATE/PAROLEE APPEALS SCREENING FORM

Name:	3100d saw	Number:	20045	Housing: 45u	6-1
	YOUR APPEAL IS BEING REJECTED	/CANCELLED A	ND RETURNED F	OR THE FOLLOY	VING:
Screen	ning Appeals Rejection Criteria:				
[] 1.		See CCR, Title 15,	Sections 3084.2(e)	and 3084.3(c)(1).	
[]2.	The appeal duplicates the inmates previous appeal  [ ] (a) Your appeal has been screened out on  [ ] (b) Your appeal is being reviewed at the  [ ] (c) Your appeal has been completed at the	I. See CCR, Title	15, Section 3084.3(c for Level, Log # Level, Log #	e)(2).	·
[]3.	The appeal concerns an anticipated action or decis	sion. See CCR, Ti	tle 15, Section 3084.	3(c)(3).	
[]6.	The appeal exceeds the 15 working days time limited could/did not submit the appeal within the time limited to the could of the could o	imit, and the inm nit. See CCR, Titl	ate has failed to of e 15, Sections 3084	fer a credible explai 2(c), 3084.3(c)(6), ai	nation as to why nd 3084.6(c).
	Abuse of the Appeal Process/Right to Appeal.  [] (a) Excessive filings. Submission of more that excessive. See CCR, Title 15, Section 308.  [] (b) Inappropriate statements. The Appeal conrejected. See CCR, Title 15, Section 3084.  [] (c) Excessive verbiage. Appeal cannot be und documentation. See CCR, Title 15, Section 3084.2 (1) Only allowed 1 added page, front per CCR, Title 15, Section 3084.2 (2).  [] (d) Lack of cooperation. Appellant refused to cancellation of the appeal, per CCR, Title 15, 11 (2) Your appeal was screened out and 1 []  [] (e) Failed to reasonably demonstrate the decision welfare, per CCR, Title 15, Section 3084.1 [] (f) This is a request for information. It is not a Medical Request form).	ntains false inform 4.4(b). derstood or is obscoon 3084.4(c). t and back, to desc 2(a)(1). necessary to clarify cooperate and/or 15, Section 3084.4 d returned to you v  [ ] ion, action, policy, (a)	ation, profanity, or oured by pointless verified the problem and y appeal shall be attributerview with the rest(d).  [] or condition as having	bscene language. The biage or voluminous laction requested in ached to the appeal, viewer which has resign an adverse affect	the appeal is  s, unrelated  Sections A and I  per CCR, Title  sulted in
	Cannot appeal on behalf of another inmate/person.				
[]10. I	Issue resolved at previous level of Appeal review. S	See CCR, Title 15,	Sections 3084.3(c)(	(8) and 3084,4(d).	
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This screening decision may not be appealed unless you can support an argument that the above is inaccurate. In such a case, please return this form to the Appeals Office with the necessary supporting information.

ARNOLD SCHWARZENEGGER, GOVERNOR

## **INMATE APPEALS BRANCH**

1515 S Street, Sacramento, CA 95814 P.O. Box 942883 Sacramento, CA 94283-0001



April 22, 2008

BLOODSAW, THEOPRIC, P20045 Pelican Bay State Prison P.O. Box 7000 Crescent City, CA 95531-7000

RE: IAB# 0724888

LIVING CONDITIONS

Mr. BLOODSAW:

The Inmate Appeals Branch, California Department of Corrections and Rehabilitation (CDCR) acts for the Director, Division of Adult Institutions, at the third level of appeal. The Branch examines and responds to inmate and parolee appeals that are submitted on a CDC Form 602, Inmate/Parolee Appeal Form, after the institution or parole region has responded at the Second Level of Appeal.

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Your appeal was rejected, withdrawn or cancelled. If you disagree with that decision, contact the Appeals Coordinator. You must comply with instructions from that office.

N. GRANNIS, Chief

Inmate Appeals Branch

STATE OF CALIFORNIA —DEPARTMENT OF CORRECTIONS AND REHABILITATION

ARNOLD SCHWARZENEGGER, GOVERNOR

#### INMATE APPEALS BRANCH

1515 S Street, Sacramento, CA 95814 P.O. Box 942883 Sacramento, CA 94283-0001



March 3, 2008

BLOODSAW, THEOPRIC, P20045 Pelican Bay State Prison P.O. Box 7000 Crescent City, CA 95531-7000

RE: IAB# 0719424

LIVING CONDITIONS

Mr. BLOODSAW:

The Inmate Appeals Branch, California Department of Corrections and Rehabilitation (CDCR) acts for the Director, Division of Adult Institutions, at the third level of appeal. The Branch examines and responds to inmate and parolee appeals that are submitted on a CDC Form 602, Inmate/Parolee Appeal Form, after the institution or parole region has responded at the Second Level of Appeal.

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Your appeal was rejected, withdrawn or cancelled. If you disagree with that decision, contact the Appeals Coordinator. You must comply with instructions from that office.

N. GRANNIS, Chief Inmate Appeals Branch

6.	Case 5:08-cynMate/Faronee/AppleAs scripe Now Off Ords Page 3 of 38  B (000 45 A W Number: 7 200 45 Housing: 754 67 (
Name: _	B(00d5AN Number: 72004T Housing: 754 87
	YOUR APPEAL IS BEING REJECTED/CANCELLED AND RETURNED FOR THE FOLLOWING:
Screenii ] 1.	ng Appeals Rejection Criteria: The resolution is not within CDC's jurisdiction. See CCR, Title 15, Sections 3084.2(e) and 3084.3(c)(1).
] 2.	The appeal duplicates the inmates previous appeal. See CCR, Title 15, Section 3084.3(c)(2).  [ ] (a) Your appeal has been screened out on for  [ ] (b) Your appeal is being reviewed at the Level, Log #  [ ] (c) Your appeal has been completed at the Level, Log #
] 3.	The appeal concerns an anticipated action or decision. See CCR, Title 15, Section 3084.3(c)(3).
[ ] 6.	The appeal exceeds the 15 working days time limit, and the inmate has failed to offer a credible explanation as to why he could/did not submit the appeal within the time limit. See CCR, Title 15, Sections 3084.2(c), 3084.3(c)(6), and 3084.6(c).
(1 8.	Abuse of the Appeal Process/Right to Appeal.  [] (a) Excessive filings. Submission of more than one non-emergency appeal within a seven-calendar-day period is excessive. See CCR, Title 15, Section 3084.4(a).  [] (b) Inappropriate statements. The Appeal contains false information, profanity, or obscene language. The appeal is rejected. See CCR, Title 15, Section 3084.4(b).  [] (c) Excessive verbiage. Appeal cannot be understood or is obscured by pointless verbiage or voluminous, unrelated documentation. See CCR, Title 15, Section 3084.4(c).  [] (1) Only allowed 1 added page, front and back, to describe the problem and action requested in Sections A and B, per CCR, Title 15, Section 3084.2(a)(1).  [] (2) Only supporting documentation necessary to clarify appeal shall be attached to the appeal, per CCR, Title 15, Section 3084.2(a)(2).  [] (d) Lack of cooperation. Appellant refused to cooperate and/or interview with the reviewer which has resulted in cancellation of the appeal, per CCR, Title 15, Section 3084.4(d).  [] (1) Your appeal was screened out and returned to you with instructions:  [] [] (2) Failed to reasonably demonstrate the decision, action, policy, or condition as having an adverse affect upon the inmate's welfare, per CCR, Title 15, Section 3084.1(a).  [] (6) This is a request for information. It is not an appeal. Write a note (GA-22, Request For Interview form or CDC-7362, Medical Request form).
[]9.	Cannot appeal on behalf of another inmate/person. See CCR, Title 15, Sections 3084.2(d) and 3084.3(c)(7).
[]10.	Issue resolved at previous level of Appeal review. See CCR, Title 15, Sections 3084.3(c)(8) and 3084.4(d).
Comm	ents: Consolodate your (ssues on to one page)  Denty State Your 1554e(s)
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	IRAVITZ CC II Date
	cal Appeals Coordinator

This screening decision may not be appealed unless you can support an argument that the above is inaccurate. In such a case, please return this form to the Appeals Office with the necessary supporting information.

STATE OF CALIFORNIA -DEPARTMENT OF CORRECTIONS AND REHABILITATION

ARNOLD SCHWARZENEGGER, GOVERNOR

#### INMATE APPEALS BRANCH

1515 S Street, Sacramento, CA 95814 P.O. Box 942883 Sacramento, CA 94283-0001



December 24, 2007

BLOODSAW, THEOPRIC, P20045 Pelican Bay State Prison P.O. Box 7000 Crescent City, CA 95531-7000

RE: IAB# 0714714

CASE INFO/RECORDS

Mr. BLOODSAW:

The Inmate Appeals Branch, California Department of Corrections and Rehabilitation (CDCR) acts for the Director, Division of Adult Institutions, at the third level of appeal. The Branch examines and responds to inmate and parolee appeals that are submitted on a CDC Form 602, Inmate/Parolee Appeal Form, after the institution or parole region has responded at the Second Level of Appeal.

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N. GRANNIS, Chief Inmate Appeals Branch State of California Se 5:08-cv-03315-JF Document 1-3 Filed Period Report California Section California Secti

## INMATE/PAROLEE APPEALS SCREENING FORM

NAME:	B(	oodsa.	w		CDC #:	77	2004	15	HOUSING	3. AS	4	E/
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J. J. KRAV Medical Ap		C II	-		[/ - / Date	<b>5</b> -0	フ	_				•

This screening action may not be appealed unless the above reasons are inaccurate and the inmate can provide supporting arguments against the screening decision.

STATE OF CALIFORNIA - DEPARTMENT OF CORRECTIONS AND REHABILITATION

ARNOLD SCHWARZENEGGER, GOVERNOR

#### **INMATE APPEALS BRANCH**

1515 S Street, Sacramento, CA 95814 P.O. Box 942883 Sacramento, CA 94283-0001



February 10, 2008

BLOODSAW, THEOPRIC, P20045 Pelican Bay State Prison P.O. Box 7000 Crescent City, CA 95531-7000

RE: IAB# 0718324

**MEDICAL** 

Mr. BLOODSAW:

The Inmate Appeals Branch, California Department of Corrections and Rehabilitation (CDCR) acts for the Director, Division of Adult Institutions, at the third level of appeal. The Branch examines and responds to inmate and parolee appeals that are submitted on a CDC Form 602, Inmate/Parolee Appeal Form, after the institution or parole region has responded at the Second Level of Appeal.

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N. GRANNIS, Chief

Inmate Appeals Branch

### INMATE/PAROLEE APPEALS SCREENING FORM

Name:	Bloodsaw Number: P20045 Housing: A54 51
	YOUR APPEAL IS BEING REJECTED/CANCELLED AND RETURNED FOR THE FOLLOWING:
Screen	ing Appeals Rejection Criteria:  The resolution is not within CDC's jurisdiction. See CCR, Title 15, Sections 3084.2(e) and 3084.3(c)(1).
[]2.	The appeal duplicates the inmates previous appeal. See CCR, Title 15, Section 3084.3(c)(2).  [ ] (a) Your appeal has been screened out on for  [ ] (b) Your appeal is being reviewed at the Level, Log #  [ ] (c) Your appeal has been completed at the Level, Log #
	[ ] (c) Your appeal has been completed at the Level, Log #
[]3.	The appeal concerns an anticipated action or decision. See CCR, Title 15, Section 3084.3(c)(3).
[]6.	The appeal exceeds the 15 working days time limit, and the inmate has failed to offer a credible explanation as to why he could/did not submit the appeal within the time limit. See CCR, Title 15, Sections 3084.2(c), 3084.3(c)(6), and 3084.6(c).
<b>*</b> }-8.	Abuse of the Appeal Process/Right to Appeal.  [ ] (a) Excessive filings. Submission of more than one non-emergency appeal within a seven-calendar-day period is excessive. See CCR, Title 15, Section 3084.4(a).
	[ ] (b) Inappropriate statements. The Appeal contains false information, profanity, or obscene language. The appeal is rejected. See CCR, Title 15, Section 3084.4(b).
•	[ ] (c) Excessive verbiage. Appeal cannot be understood or is obscured by pointless verbiage or voluminous, unrelated documentation. See CCR, Title 15, Section 3084.4(c).
	[ ] (1) Only allowed 1 added page, front and back, to describe the problem and action requested in Sections A and B, per CCR, Title 15, Section 3084.2(a)(1).
	[ ] (2) Only supporting documentation necessary to clarify appeal shall be attached to the appeal, per CCR, Title 15,
	Section 3084.2(a)(2). [ ] (d) Lack of cooperation. Appellant refused to cooperate and/or interview with the reviewer which has resulted in cancellation of the appeal, per CCR, Title 15, Section 3084.4(d).
	[ ] (1) Your appeal was screened out and returned to you with instructions: [ ] [ ]
	[ ] (e) Failed to reasonably demonstrate the decision, action, policy, or condition as having an adverse affect upon the inmate's welfare, per CCR, Title 15, Section 3084.1(a).
(	(f) This is a request for information. It is not an appeal. Write a note (GA-22, Request For Interview form or CDC-7362, Medical Request form).
] 9.	Cannot appeal on behalf of another inmate/person. See CCR, Title 15, Sections 3084.2(d) and 3084.3(c)(7).
] 10.	Issue resolved at previous level of Appeal review. See CCR, Title 15, Sections 3084.3(c)(8) and 3084.4(d).
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J. KR	AVIIZCE II Date appeals are
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	This screening decision may not be appealed unless you can support an argument that the above is inaccurate.  In such a case, please return this form to the Appeals Office with the necessary supporting information.
	PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE
	PBSP (Rev11/06) CCR 3084.3 (d) PBSP

NUMBER: E-40947 DATE: 12/17/92 NAME: BLOODSAW. Theopric HOUSING: \_4B DOCTOR: Hoffman

SKULL SERIES, C-SPINE.

HISTORY: Blow to head 1977. Dizziness daily since.

SKULL SÈRIES.

I see no fracture, sinuses clear.

IMPRESSION: Unremarkable skull series.

CERVICAL SPINE.

Films continue to show loss of normal cervical lordosis. There is narrowing of the C-5/6 disc with some straightening of curvature at this level, no change since previous, no fractures or destructive processes seen.

IMPRESSION: Abnormal C-5/6 interspace. No other significant findings identified.

Mario Deguchi, M.D./Jay Grauman, M.D.

Dictated: 12/22/92 ls/JG Original: Medical Chart

cc: X-Ray Jacket

Dictated: 10/22/92 ls/MD Original: Medical Chart cc: X-Ray Jacket

## California State Prison Corcoran

### RADIOLOGY REPORT

NAME: BLOODSAW,	Theopric	NUMBER: E-4094	DATE: 10/20/	92
DOCTOR: Brown		HOUSING:_4B		
CERVICAL SPINE F	ILM SERIES WIT	TH OBLIQUES.		
or non-displaced fract Further evaluation by evidence of acute frac 6 intervertebral disc s Neural canal are pater curvature is noted. The	obtaining follow-ture or dislocation of the property of the pr	l spine was obtained. There left lateral corner of Cup radiographic examination. Vertebral body statures are test is appreciated. This is soft tissue structures appear ary to positioning or muscle	may be of value. Otherwe well maintained. Narrov consistent with degenerative unremarkable. Mild reverse spasms.	vise there is no wing of C-5/C we disc disease rsal of cervica
IMPRESSION: (1) superimposed position	Reversal of cervice artifact of C-1 as	cal curvature. (2) Degener described, Fallow was Le	ative disc disease. (3) Fifther the control of the	ractures verse
		( A ! A		
		Mario Deguchi, M.D.	Jay Grauman, M.D.	******

11733C13:08-cv-03315-JF Document 1-3 Filed 07/09/2008 Page 10 of 38

34-234-128

X-RAY REPORT



NAME:

CDC #:

CELL:

DOB:

DATE:

BLOODSAW, THEOPRIC

P-20045

D4/025U

06/24/58

02/26/99

EXAM REQUESTED:

PA AND LATERAL CHEST

CLINICAL DATA:

OLD GSW, LEFT THORAX

REFERRING PHYSICIAN:

D. GINES, M.D.

#### RADIOGRAPHIC REPORT:

CHEST: PA AND LATERAL VIEWS OF THE CHEST ARE OBTAINED ON 02/26/99.

MULTIPLE METALLIC FRAGMENTS ARE NOTED OVERLYING AND WITHIN THE UPPER LEFT HEMITHORAX, CONSISTENT WITH A PREVIOUS GUNSHOT INJURY. BOTH LUNGS ARE WELL EXPANDED AND CLEAR. THERE IS NO EVIDENCE OF ANY ACTIVE PULMONARY PATHOLOGY. THE HEART IS NORMAL IN SIZE AND CONTOUR. THERE IS NO MEDIASTINAL ADENOPATHY.

#### IMPRESSION:

THERE IS EVIDENCE OF A PREVIOUS OLD GUNSHOT INJURY INVOLVING THE LEFT UPPER HEMITHORAX. NO ACTIVE CARDIOPULMONARY PATHOLOGY IS SEEN. THERE ARE NO PREVIOUS FILMS AVAILABLE FOR COMPARISON.

03/02/99 DATE READ NELSON PARKER, M.D. RADIOLOGIST

NHP/gj

DATE TYPED: 04/07/99

Case 5:08-cv-03315-JF

Document 1-3 Filed 07/09/2008 Page 11 of 38

## CORRECTIONAL TRAINING PACILITY P.O. Box 686 Soledad, CA 93960

## Radiology Request

D.O.B. <u>6-24-58</u> Ref. Phys. Signature	Ducat Date
Radiology Requested:	
STAT ASA	PROUTINE
☐ Chest PA & XXt! ☐ ☐ Ribs R L ☐ Sternum ☐ Skull ☐ Facial ☐ Mandible ☐ Nasal Bones ☐ Sinuses ☐ TMJ ☐ Orbits ☐ Abdomen (KUB) ☐ Abdomen, flat & up ☐ Extremity ☐ Hand R L ☐ Wrist R L	Upper G.f.*  GB & UGI*  UGI w/ sm. bowel*  Barium Enema*  Cerv. spine  Thoracic  Lumbar spine  Sacrum/Coccyx  Pelvis  Hip, unilateral R L  Foot R L
Radiologist Report:	
01d6	SW w thoras
No actu	a path
Date read:	SignatureCTF-375 (Rev 11/91)

Case 5:08-cv-03315-JF Document 1-3 Filed 07/09/2008 Page 12 of 38



DEPARTMENT OF CORRECTIONS PELICAN BAY STATE PRISON HEALTH CARE SERVICES



NAME: BLOODSAW, THEOPRIC NO. P20045 RM: A4-226 DOB: 06/25/58 DATE: 07/23/04

EXAM REQUESTED:

CERVICAL SPINE

REQUESTING M.D.:

J. LAZORE, F.N.P.

CLINICAL DATA:

HISTORY OF PAIN.

RADIOGRAPHIC REPORT:

CERVICAL SPINE

FINDINGS:

There is mild a reversal of the normal cervical lordosis.

Moderate degenerative disc disease is noted at the C5-6 and C6-C7 levels manifest by disc space narrowing and marginal osteophyte formation.

IMPRESSION:

MODERATE DEGENERATIVE DISC DISEASE AT C5-6

AND C6-C7.

ORIGINAL STATE

la



DEPARTMENT OF CORRECTIONS PELICAN BAY STATE PRISON HEALTH CARE SERVICES



NAME: BLOODSAW, THEOPRIC NO. P20045 RM: A2-125 DOB: 6/25/58 DATE: 02/22/05

EXAM REQUESTED:

CERVICAL SPINE

REQUESTING M.D.:

J. LAZORE, F.N.P.

CLINICAL DATA:

NO HISTORY GIVEN

RADIOGRAPHIC REPORT:

CERVICAL SPINE

FINDINGS:

Comparison to a previous study dated 7/23/04.

On the current study the soft tissues are unremarkable.

There is a mild reversal of the cervical lordosis centered at C5-6. There is mild anterior subluxation of C4 with respect to C5 which was not present on the previous study.

Degenerative discs at C5-6 and C6-7 again noted and show little change compared to the previous study.

**IMPRESSION:** 

- REDEMONSTRATION OF DEGENERATIVE DISC DISEASE AT C5-6 AND C6-7 WHICH APPEAR STABLE.
- THERE IS MILD ANTERIOR SUBLUXATION OF C4 WITH RESPECT TO C5 OF APPROXIMATELY 2 MM WHICH WAS NOT SPECIFICALLY PRESENT ON THE

FILMS OF 7/23/04.

ON THE OBLIQUE VIEWS POSTERIOR OSTEOPHYTES PARTIALLY ENCROACH ON THE INTERVERTEBRAL FORAMINA AT THE C5-6 LEVEL BILATERALLY.

02/22/05

DATE READ

RADIOLOGIST

DEPARTMENT OF CORRECTIONS
PELICAN BAY STATE PRISON
HEALTH CARE SERVICES



NAME: BLOODSAW, THEOPRIC NO. P20045 RM: A2-125 DOB: 6/25/58 DATE: 02/22/05

EXAM REQUESTED:

3 VIEW LUMBAR SPINE

REQUESTING M.D.:

J. LAZORE, F.N.P.

CLINICAL DATA:

NO HISTORY GIVEN

RADIOGRAPHIC REPORT:

3 VIEW LUMBAR SPINE

FINDINGS:

The lumbar vertebra are normally aligned and the disc spaces are

well maintained. No compression fractures are evident. There are no arthritic changes.

IMPRESSION:

NORMAL LUMBAR SPINE.

EXAM REQUESTED:

LEFT HIP

REQUESTING M.D.:

J. LAZORE, F.N.P.

CLINICAL DATA:

NO HISTORY GIVEN

RADIOGRAPHIC REPORT:

LEFT HIP

FINDINGS:

4-5 tiny metallic fragments are noted in the soft tissues lateral to the

hip joint. These all appear to be extra articular.

The femoral head is normally developed and normally located in the acetabulum. The joint space is well preserved. No significant arthritic changes are evident.

IMPRESSION:

TINY METALLIC FOREIGN BODIES IN THE SOFT

TISSUES LATERAL TO THE HIP. THE HIP, PER SE IS

UNREMARKABLE.

CURTIS COULAM, M.D.

<u>BGR</u>

DATE READ

02/22/05

RADIOLOGIST

NO. P20045 RM: A2-125 DOB: 06/25/58 DATE: 03/14/05

EXAM REQUESTED:

SINUS SERIES

REQUESTING M.D.:

J. LAZORE, F.N.P.

CLINICAL DATA:

HISTORY OF MAXILLARY PAIN

RADIOGRAPHIC REPORT:

SINUS SERIES

FINDINGS:

The paranasal sinuses are all normally developed and normally

aerated. There is no evidence of acute or chronic sinus disease.

**IMPRESSION:** 

NORMAL SINUS SERIES.

#37 134 Case 5:08-cv-03315-JF Document 1-3 Filed 07/09/2008 Page 16 of 38

NAME	Bloodsaw	<b>N</b> U	MBER	E40947	AGE	32	DATE	12/17	/90
X-RAY	REQUESTED	Left hip			PHYS1	CIAN	A. C.	Pedley,	M.D.

#### REPORT:

The left hip is negative for evidence of acute fracture or dislocation: There are several bullet fragments overlying the soft tissues lateral to the left hip joint space and suggested slight increased narrowing of the left hip joint space medially.

RJB: ck

d: 12/18/90

t: 12/18/90

15

ROBERT J. BEMRICK, M.D.

RADIOLOGIST

S.C.C. X-RAY REPORT

Document 1-3 Filed 07/09/2008 Page 17 of 38 Case 5:08-cv-03315-JF

NUMBER

E4.0947

DATE

X-RAY REQUESTED

PHYSICIAN

#### REPORT:

The left hip is negative for evidence of acute fracture or dislocation: There are several bullet fragments overlying the soft tissues lateral to the left hip joint space and suggested slight increased narrowing of the left hip joint space medially.

RJB: ck

d: 12/18/90 t: 12/18/90

**PELICAN BAY UZA** 

ROBERT J. BEMRICK, M.D.

RADIOLOGIST

S.C.C. X-RAY REPORT

NAME - Bloodsaw

NUMBER E40947

DATE

X-RAY REQUESTED

Upper GI Series

#### REPORT:

The preliminary film of the abdomen shows no evidence of acute intra-abdominal disease or other significant abnormality except for a developmental or possibly old minor post-traumatic deformity involving the right transverse process of the fourth lumbar vertebra.

The examination was performed without the aid of fluoroscopy. There appears to be increased prominence of the partially visualized distal antral and pyloric folds and there is deformity of the duodenal bulb with inflammatory thickening of the duodenal bulb and post-bulbar folds. The visualized upper intestinal tract is otherwise within normal limits and shows no evidence of peptic ulceration.

CONCLUSIONS:

Findings consistent with nonerosive antral gastritis and duodenitis.

No evidence of peptic ulceration involving the upper intestinal tract.

Robert J. Bemrick, M.D. Radiologist



DEPARTMENT OF CORRECTIONS
PELICAN BAY STATE PRISON
HEALTH CARE SERVICES



NAME: BLOODSAW, THEOPRIC NO. P20045 RM: A2-202L DATE: 09/10/07

EXAM REQUESTED:

AP PELVIS AND BILATERAL HIPS, 2 FILMS/

**3-VIEWS LUMBAR SPINE** 

REQUESTING M.D.:

PCP

CLINICAL DATA:

HISTORY NOT GIVEN

RADIOGRAPHIC REPORT:

AP PELVIS AND BILATERAL HIPS, 2 FILMS

FINDINGS:

This study is compared with a preceding examination from February

2005.

There are scattered areas of shrapnel in the area of the left gluteal region and hip. These are unchanged from the previous study, although they are reported to have been associated with the right hip at the time of the previous study. Perhaps one of these two exams has been mislabeled.

There is no soft tissue swelling or calcifications. The SI joints and hip joints appear normal bilaterally. The bony architecture is intact. There are no sclerotic or lytic changes.

**IMPRESSION:** 

NO ACUTE BONY TRAUMA OR ARTHRITIC CHANGES ARE RECOGNIZED. SCATTERED PRESUMED SHRAPNEL IS NOTED IN THE VICINITY OF WHAT IS THOUGHT TO BE THE LEFT HIP. OTHERWISE, NEGATIVE.

Page 1

PHILIP GRIMM, M.D.

RADIOLOGIST

JLP

DATE READ

09/11/07

14/36 / Case 5:08-cv-03/3/5/JF / (Deprintent (-3 / Filed 07/09/2009 /) Page 19 of 38



#### X-RAY REPORT

DEPARTMENT OF CORRECTIONS
PELICAN BAY STATE PRISON
HEALTH CARE SERVICES



NAME: BLOODSAW, THEOPRIC NO. P20045 RM: ASU-E1 DATE: 10/18/07

**EXAM REQUESTED:** 

AP OF PELVIS AND LATERAL EXAMINATION OF THE LEFT

HIP/THREE-VIEWS

**REQUESTING M.D.:** 

PCP

CLINICAL DATA:

HISTORY OF PAIN

RADIOGRAPHIC REPORT:

AP OF PELVIS AND LATERAL EXAMINATION OF THE LEFT

HIP/THREE-VIEWS

FINDINGS:

This study is compared with films taken in September 2007.

In the approximately one month interval since the previous study, little if any change is seen. There is some minimal shrapnel in the immediate vicinity of the left hip, and it is possible that some of the shrapnel fragments are closely associated with the joint capsule, but none are thought to lie within the joint capsule. Mild arthritic changes are recognized, but the underlying bony architecture is intact, and no obvious acute pathology is seen. No obvious acute trauma is recognized. If there is persistent pain, perhaps a nuclear medicine bone scans or even an MRI study would be helpful.

**IMPRESSION:** 

THE FINDINGS ARE SIMILAR TO THAT OF ONE MONTH BEFORE. EVIDENCE OF PREVIOUS GUNSHOT WOUND IN THE IMMEDIATE VICINITY OF THE LEFT HIP IS SEEN, BUT NO ACUTE PATHOLOGY IS APPRECIATED.

10/30/07

DATE READ

PHILIP GRIMM, M.D.

RADIOLOGIST

JLP





DEPARTMENT OF CORRECTIONS PELICAN BAY STATE PRISON **HEALTH CARE SERVICES** 



NAME: BLOODSAW, THEOPRIC NO. P20045 RM; ASU-E1 DATE: 01/16/08

EXAM REQUESTED:

THREE-VIEW LUMBAR SPINE

REQUESTING M.D.:

PCP

CLINICAL DATA:

HISTORY NOT GIVEN

RADIOGRAPHIC REPORT:

THREE-VIEW LUMBAR SPINE

FINDINGS:

There is normal alignment on the AP and lateral radiographs with no

degenerative or posttraumatic change.

IMPRESSION:

MINIMAL DEGENERATIVE CHANGE THORACIC SPINE

WITHOUT EVIDENCE OF THORACIC OR LUMBAR

INSTABILITY.

02/06/08 DATE READ GREGORY J. DUNCAN M.D. ORTHOPEDIC SURGEON





DEPARTMENT OF CORRECTIONS PELICAN BAY STATE PRISON **HEALTH CARE SERVICES** 



NAME: BLOODSAW, THEOPRIC NO. P20045 RM: ASU-E1 DATE: 01/22/08

EXAM REQUESTED:

FOUR-VIEW CERVICAL SPINE

REQUESTING M.D.:

PCP

CLINICAL DATA:

HISTORY NOT GIVEN

RADIOGRAPHIC REPORT:

FOUR-VIEW CERVICAL SPINE

FINDINGS:

There is extensive multiple level degenerative change throughout the mid and lower cervical spine. No evidence of instability is seen at C1-2 on the open-mouth view or on the lateral radiograph. However, there is a grade 1 degenerative spondylolisthesis at C4-5. Extensive disk space narrowing, osteophyte formation, and sclerosis of vertebral end plates is present from C3 to C7.

**IMPRESSION:** 

MULTIPLE LEVEL DEGENERATIVE CHANGE, CERVICAL SPINE, SEVERE CHRONIC APPEARING WITH GRADE 1 SPONDYLOLISTHESIS C4-5.

#### ADDENDUM

Incidental note is also made of retained metallic material, which is not visible within the region of the spinal canal, but appears to be in the anterior chest wall region from previous gunshot wound and a few small fragments well anterior to the vertebral bodies at C4-5.

Comparison radiograph from 05/10/07, shows identical appearing degenerative change and same degree of spondylolisthesis at C4-5.

If cervical instability requires further evaluation, flexion/extension lateral radiographs should be considered.

Page 1



02/06/08 DATE READ GREGORY J. DUNCAN M.D. ORTHOPEDIC SURGEON

TRANSCRIBER

JT.P





DEPARTMENT OF CORRECTIONS
PELICAN BAY STATE PRISON
HEALTH CARE SERVICES



NAME: BLOODSAW, THEOPRIC NO. P20045 RM: ASU-E1 DATE: 01/22/08

RADIOGRAPHIC REPORT:

THORACOLUMBAR

FINDINGS: There is normal alignment on the lateral radiograph and essentially normal AP alignment throughout the thoracic spine. Mild multiple level disk space narrowing is present, and the previously described lead fragments are also visible anterior to the thoracic region on the lateral radiograph.

IMPRESSION:

MINIMAL DEGENERATIVE CHANGE THORACIC SPINE WITHOUT EVIDENCE OF THORACIC OR LUMBAR INSTABILITY.

Page 2









DEPARTMENT OF CORRECTIONS
PELICAN BAY STATE PRISON
HEALTH CARE SERVICES



NAME: BLOODSAW, THEOPRIC NO. P20045 RM: A2-202L DATE: 05/10/07

EXAM REQUESTED:

CERVICAL SPINE THREE VIEWS

REQUESTING M.D.:

PCP CLINIC

CLINICAL DATA:

HISTORY OF NECK PAIN.

RADIOGRAPHIC REPORT:

CERVICAL SPINE THREE VIEWS

FINDINGS:

This study is compared with films taken in June of 2005.

There is no obvious soft tissue swelling or calcifications. There is a focal reversal of the normal cervical lordosis with the apex this reversal is centered at C5. Mild arthritic changes are noted at C4-5. Moderate arthritic changes bordering on severe are noted at C5-6 and C6-7. At these levels there is endplate sclerosis, osteophyte formation and joint space narrowing. Lateral mass arthritic changes are noted at disc spaces above this. There is an unusual appearance of the symphysis of the mandible perhaps this is posttraumatic. This is probably unchanged from the preceding study. The degree of arthritic changes in the mid and lower cervical spine is thought to be mildly progressive when compared to the previous study in 2005.

#### IMPRESSION:

- 1. FOCAL MODERATE DEGENERATIVE ARTHRITIC CHANGES OF THE MID AND LOWER CERVICAL SPINE, I BELIEVE THEY ARE MILDLY PROGRESSIVE WHEN COMPARED TO THE PRECEDING STUDY.
- 2. FINDINGS AT C5-6 MAY BE CHARACTERIZED AS SEVERE.
- 3. I BELIEVE THAT THERE IS A POSTTRAUMATIC DEFORMITY OF THE SYMPHYSIS OF THE MANDIBLE THAT IS STABLE WHEN COMPARED TO THE PREVIOUS STUDY.

05/15/07 PHI DATE READ R

PHILIP GRIMM, M.D. RADIOLOGIST

DLK

Case 5:08-cv-03315-JF

## Document 1-3 Filed 07/09/2008

LABORATORY REPORTS

Page 24 of 38

37

## DEPARTMENT OF CONNECTIONS CNC-ENST HOSPITAL

NAME: BLOODSAW, THEO NUMBER: E-40947 ROOM: 4190X AGE:

Date Taken: 9-15-95 Date Read: 09/15/95 Ordering M.D.: MISSON

RADIOGRAPHIC REPORT: LEFT HIP

There is evidence of fracture. Minimal osteoarthritic spurring is present about the inferior margin of the femoral head.

pmo

JBF: jag Date: September 16. 1995

J. FLEMING, M.D.

Date Taxen: 3-30-95 Date Read: 3-31-95 Ordering M.D.: Stevio

#### RADIOGRAPHIC REPORT:

CHEST: There is no evidence of active pulmonary disease. Small metal fragments are present in the left upper chest.

JF



DEPARTMENT OF CORRECTIONS PELICAN BAY STATE PRISON HEALTH CARE SERVICES



A3-137 L

NAME: BLOODSAW, THEOPRIC NO. P-20045 RM; A2-118 DOB: 06/25/58 DATE: 06/23/05

**EXAM REQUESTED:** 

FIVE VIEW CERVICAL SPINE

REQUESTING M.D.:

W. WAHIDULLAH, M.D.

CLINICAL DATA:

HISTORY OF PAIN

RADIOGRAPHIC REPORT:

FIVE VIEW CERVICAL SPINE

FINDINGS:

Comparison to previous study dated 02/22/2005.

Soft tissues remain normal.

Again noted is approximately 2 ml subluxation of C-4 with respect to C-5. This is unchanged compared to the previous study.

Degenerative narrowing of the C5-6 and C6-C7 disc spaces are again noted with no demonstrable change.

Again noted is minimal foraminal encroachment at the C5-6 level bilaterally.

IMPRESSION:

DEGENERATIVE DISC DISEASE AT C5-6 AND C6-C7 WITH MILD SUBLUXATION OF C4 ON C5. THESE FINDINGS WERE ALL PRESENT ON THE PREVIOUS STUDY AND THERE HAS BEEN NO DEMONSTRATED

CHANGE SINCE THAT EXAMINATION.

007/8/05

06/07/05

DATE READ

RADIOLOGIST

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Confidential client information See W & I Code, Sections 4514 and

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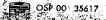
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Confidential
client information
See W & I Code, Sections 4514 and
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DEPARTMENT OF CORRECTIONS

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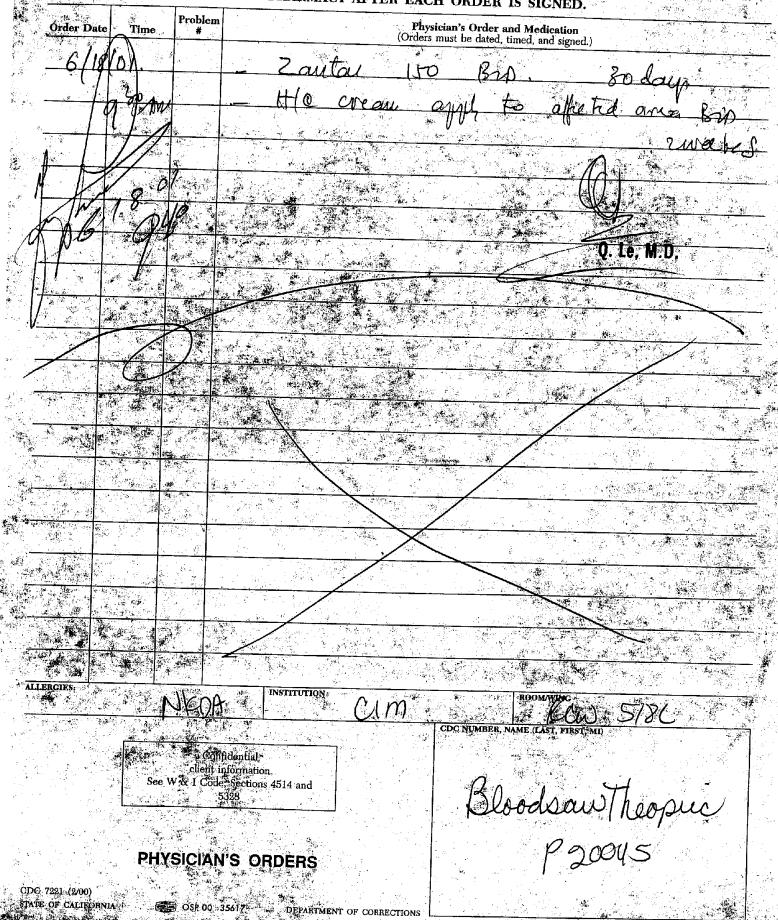
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### PHYSICIAN'S ORDERS

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DEPARTMENT OF CORRECTIONS

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DEPARTMENT OF CORRECTIONS

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PHYSICIAN'S ORDERS

CDC 7221 (4/90) STATE OF CALIFORNIA

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DEPARTMENT OF CORRECTIONS

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## Case 5:08-cv-03315-JF Document 1-4 Filed 07/09/2008 Page 4 of 51 HEALTH CARE SERVICES REQUEST FORM (PBSP 7362)

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Case 5:08-cv-03315-JF Page 7 of 51 Document 1-4 DISABILITY PLACEMENT PROGRAM VF . (CATION (DPPV) DEPARTMENT OF CORRECTIONS CDC 1845 (Rev. 01/04) CHECK ALL APPLICABLE BOXES THIS FORM ONLY VERIFIES OR DISCONFIRMS CLASMED PHYSICAL DISABILITIES LISTED IN SECTION B INMATE NAME: CDC NUMBER: INSTITUTION: HOUSING ASSIGNMENT: DATE FORM, INITIATED: 202L Sections A - B to be completed by licensed medical staff. SECTION A: REASON FOR INITIATION OF FORM SECTION B: DISABILITY BEING EVALUATED Inmate self-identifies to staff Third party evaluation request Blind/Vision Impaired Speech Impaired Observation by staff Medical documentation or Deaf/Hearing Impaired Mobility Impaired Central File information Sections C - G to be completed by a physician only. SECTION C: PERMANENT DISABILITIES IMPACTING PLACEMENT SECTION D: PERMANENT DISABILITIES <u>NOT</u> IMPACTING PLACEMENT FULL TIME WHEELCHAIR USER - DPW NO CORRESPONDING CATEGORY Requires wheelchair accessible housing and path of travel. INTERMITTENT WHEELCHAIR USER - DPO 2. NO CORRESPONDING CATEGORY Requires lower bunk, wheelchair accessible path of travel and does not require wheelchair accessible cell. MOBILITY IMPAIRMENT - With or Without Assistive Device MOBILITY IMPAIRMENT (Lower Extremities) - DNM (Wheelchairs shall not be prescribed) - DPM Walks 100 yards without pause with or without assistive devices. Orthopedic, neurological or medical condition that substantially limits No Housing Restrictions See HOUSING RESTRICTIONS ambulation (cannot walk 100 yards on a level surface without pause). in Section E Requires lower bunk, no triple bunk, and no stairs in path of travel. Requires relatively level terrain and no obstructions in path of travel. Do not place at: CCI, CMC-E, CRC, CTF-C, FSP, SCC I or II, SOL, or SQ. (CDC 128-C: DEAF/HEARING IMPAIRMENT - DPH HEARING IMPAIRMENT - DNH Must rely on written communication, lip reading or signing as residual With residual hearing at a functional level with hearing aid(s). hearing, with assistive devices, will not enable them to hear, understand or localize emergency warnings or public address announcements. BLIND/VISION IMPAIRMENT - DPV NO CORRESPONDING CATEGORY Not correctable to central vision acuity of better than 20/200 with corrective lenses in at least one eye (See HOUSING RESTRICTIONS IN SECTION E). SPEECH IMPAIRMENT - DPS SPEECH IMPAIRMENT - DNS Does not communicate effectively speaking or in writing. Does not communicate effectively speaking, but does when writing. SECTION E: ADDITIONAL MEDICAL INFORMATION **CSR ALERT: HEALTH CARE APPLIANCE / IDENTIFICATION VEST:** Requires relatively level terrain and no obstructions in path of travel Crutch Walker Leg/Arm prosthesis Complex medical needs affecting placement ☐ CDC 128-C Other: CDC 128-C(s) dated: ASSISTANCE NEEDED WITH ACTIVITIES OF DAILY LIVING: **OTHER DPP DESIGNATIONS:** Feeding or Eating Bathing Grooming ☐ W/C transferring ■ NONE ☐ Toileting ☐ Other: CODE CDC 128-C(s) dated: DATED CODE DATED Lower bunk No stairs No triple bunk. CDC 128-C(s) dated: HOUSING RESTRICTIONS: SECTION F: EXCLUSIONS VERFICATION OF CLAIMED DISABILITY NOT CONFIRMED: My physical examination or other objective data DOES NOT SUPPORT claimed disability. (Explain in Comments Section and CDC 128-C dated REMOVAL FROM A DPP CODE: Removal from previous DPP code: \_\_\_\_\_ (Explain in Comments Section and CDC 128-C dated: \_\_\_\_ REMOVAL FROM ENTIRE PROGRAM: Removal from DPP code(s): (Explain in Comments Section and CDC 128-C dated: SECTION G: EFFECTIVE COMMUNICATION FACTORS Uses Sign Language Interpreter (SLI) Reads Braille Communicates with written notes Requires large print or magnifier NO "EFFECTIVE COMMUNICATION" ISSUES OBSERVED OR DOCUMENTED IN THE UNIT HEALTH RECORD Reads lips PHYSICIAN'S COMMENTS: (Focus on affected systems and functional limitations. No specific diagnosis or other confidential medical information.)

HEALTH CARE MANAGER'S / DESIGNEE'S NAME (Print)

HEALTH CARE MANAGER'S / DESIGNEE'S NAME (Print)

HEALTH CARE MANAGER'S / DESIGNEE'S SIGNATURE

NOTE: After review by the Health Care Manager or Chief Physician & Surgeon, health care staff shall retain green copy for the UHR, send the inmate copy via institutiona

and route the original and remaining copies to the C&PR/RC CC-III for tracking and further distribution according to the instructions below.

65-69 Case 5:08-cv-03315-JF Document 1-	4 Filed 07/09/2008 Page 8 of 51.
STATE OF CALIFORNIA DISABILITY PLACEMENT PROGRAM VERIFICATION CORDS	DEFAULT OF CORRECTIONS
CDC 1043 (ICCV. 01/04)	CHECK ALL APPLICABLE BOXES AIMED PHYSICAL DISABILITIES LISTED IN SECTION B
INMATE NAME: CDC NUMBER:	INSTITUTION: HOUSING ASSIGNMENT: DATE FORM INITIATED:
Blood Som 120045	PBSP ADSF OIL WILLOW
SECTION A: REASON FOR INITIATION OF FORM	leted by licensed medical staff.
Inmate self-identifies to staff  Third party evaluation request	SECTION B: DISABILITY BEING EVALUATED  Blind/Vision Impaired Speech Impaired
Observation by staff  Medical documentation or Central File information	Blind/Vision Impaired   Speech Impaired   Deaf/Hearing Impaired   Mobility Impaired
Sections C - G to be con	npleted by a physician only.
SECTION C: PERMANENT DISABILITIES IMPACTING PLACEMENT	SECTION D: PERMANENT DISABILITIES NOT IMPACTING PLACEMENT
1. FULL TIME WHEELCHAIR USER - DPW Requires wheelchair accessible housing and path of travel.	1. NO CORRESPONDING CATEGORY
<ol> <li>INTERMITTENT WHEELCHAIR USER - DPO         Requires lower bunk, wheelchair accessible path of travel and does not require wheelchair accessible cell.     </li> </ol>	2. NO CORRESPONDING CATEGORY
3. MOBILITY IMPAIRMENT - With or Without Assistive Device (Wheelchairs shall not be prescribed) - DPM	3. MOBILITY IMPAIRMENT (Lower Extremities) - DNM
Orthopedic, neurological or medical condition that substantially limits	Walks 100 yards without pause with or without assistive devices.  No Housing Restrictions  See HOUSING RESTRICTIONS
ambulation (cannot walk 100 yards on a level surface without pause). Requires lower bunk, no triple bunk, and no stairs in path of travel.	Requires relatively level terrain and no obstructions in path of travel.  Do not place at: CCI, CMC-E, CRC, CTF-C, FSP, SCC 1 or II,  SOL, or SQ. (CDC 128-C:)
4 DEAF/HEARING IMPAIRMENT - DPH	4. HEARING IMPAIRMENT - DNH
Must rely on written communication, lip reading or signing as residual hearing, with assistive devices, will not enable them to hear, understand or localize emergency warnings or public address announcements.	With residual hearing at a functional level with hearing aid(s).
5. BLIND/VISION IMPAIRMENT - DPV Not correctable to central vision acuity of better than 20/200 with corrective lenses in at least one eye (See HOUSING RESTRICTIONS IN SECTION E).	5. NO CORRESPONDING CATEGORY
6. SPEECH IMPAIRMENT - DPS Does not communicate effectively speaking or in writing.	6. SPEECH IMPAIRMENT - DNS Does not communicate effectively speaking, but does when writing.
SECTION E: ADDITIONAL CSR ALERT:	MEDICAL INFORMATION
Requires relatively level terrain and no obstructions in path of travel	HEALTH CARE APPLIANCE / IDENTIFICATION VEST:
Complex medical needs affecting placement	Cane Crutch Walker Leg/Arm prosthesis Vest  Other: H-H  CDC 128-C(s) detect: 3/24
ASSISTANCE NEEDED WITH ACTIVITIES OF DAILY LIVING:	70 125-C(3) dated. 2777
Feeding or Eating Bathing Grooming W/C transferring	OTHER DPP DESIGNATIONS:  NONE
Toileting Other: CDC 128-C(s) dated:	CODE DATED CODE DATED
***************************************	bunk. CDC 128-C(s) dated:
SECTION F: 1	
<u>VERFICATION OF CLAIMED DISABILITY NOT CONFIRMED</u> : My physical (Explain in Comments Section and CDC 128-C dated).	examination or other objective data DOES NOT SUPPORT claimed disability.
REMOVAL FROM A DPP CODE: Removal from previous DPP code:	(Explain in Comments Section and CDC 128-C dated:
REMOVAL FROM ENTIRE PROGRAM: Removal from DPP code(s):	(Explain in Comments Section and CDC 128-C dated:
SECTION G: EFFECTIVE CO	MMUNICATION FACTORS
Uses Sign Language Interpreter (SLI) Reads Braille Comm	nunicates with written notes Requires large print or magnifier
Reads lips NO "EFFECTIVE COMMUNICATION" ISSUES OBSERVED	OR DOCUMENTED IN THE UNIT HEALTH DECORD
PHYSICIAN'S COMMENTS: (Focus on affected systems and functional lin	nitations. No specific diagnosis or other confidential medical information.)
Has good function	2 hearing aids
PHYSICIAN'S NAME (Print)  PHYSICIAN'S SIG	GNATURE DATE SIGNATO
HEALTH CARE MANAGER'S DESIGNEER NAME (Print) HEALTH CARE N	MANAGER'S / DESIGNEE'S SIGNATURE DATE SIGNED
NOTE: After review by the Health Care Manuer or Chief Physician & Surgeon, health car	re staff shall retain green copy of the HHD good the in-

NOTE: After review by the Health Care Manuer or Chief Physician & Surgeon, health care staff shall retain green copy of the UHR, send the inmate copy via institutional mail, and route the original and remaining copies to the C&PR/RC CC-III for tracking and further distribution according to the instructions below.

9.	STAPLE THIS FORM TO 3345 IF URBENTACHE 1845 AND CONTROLOGIMA PROFES SIDE OF SELECTION OF THE SECOND	haf&kcrs
5 •	· · · · · · · · · · · · · · · · · · ·	SPARTMENT OF CORRECTIONS CDC 128-E
	This inmate has been identified as: DPH XDNH DPS DDNS and was interviewed as indicated in the inmate was was not interviewed with the assistance of a qualified sign language interpreter.  Name of sign language interpreter.	slow;
;	Primary method: (Check one) (This method shall be used for due process, delivery of health care, inmate ap   American Sign Language	peals and CDC 1515)
	Alternative method(s): (Check all that apply)  Im Request a Vest to Identify  American Sign Language   Sign Exact English   Other sign language:   Written not  Reads Lips   Hearing elde(s)   Assistive listening device None  VY. France, Sat.   Language   None  Interviewer's Name   Interviewer's Signature   Inmate's Signature  DATE: 8/16/07 NOTE - VEST 1550 ED 8/12/07 CD CAMP  EQUALLY EFFECTIVE COMMUNICATION FOR HEARING/SPEECH IMPAIRED	an ()

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7476 Case 5:08-cv-03315-JF

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STATE OF CALIFORNIA CDC 7362 (Rev. 03/04) HEALTH CARE SERVICES REQUEST FORM DEPARTMENT OF CORRECTIONS PART I: TO BE COMPLETED BY THE PATIENT A fee of \$5.00 may be charged to your trust account for each health care visit. If you believe this is an urgent/emergent health care need, contact the correctional officer on duty. REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL | MEDICATION REFILL NAME CDC NUMBER HOUSING PATIENT SIGNATURE REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

## Case 5:08-cv-03315-JF Document 1-4 Filed 07/09/2008 Page 11 of 51 : HEALTH CARE SERVICES REQUEST FORM (PBSP 7362)

PART I: TO BE COMI	PLETED BY THE PAT	TIENT	
If you believe this to be a	in urgent/emergent healt	h care need contact the ac	rrectional officer and late
REQUEST FOR: MED	ICAL PSYCHIAT	RY MENTAL HEALT	
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			Date & Time Completed DEPARTMENTAL STAFF
<ul> <li>Usit was for an emergen</li> </ul>	cy		
<ul><li>Visit was for diagnosis or</li><li>Visit was for mental heal</li></ul>	treatment of a communicable dis	sease condition (See Title 17, Chapte	er 4, Subchapter 1, Section 2500 CCR)
<ul> <li>Visit was a follow-up req</li> </ul>	uested by the clinician.		
<ul> <li>Visit was for State manda</li> </ul>	ted evaluation or treatment (e.g.,	Annual TB tests)	
Visit was for reception so	reening and evaluation only n co-payment. Send PINK copy t	o Inmate Trust Office	
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DRIGINAL-Unit Health Record PBSP 7362 (Rev. 7/03)	YELLOW - Pharmacy	DINIK I D	COLDENDOD
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Name: D1000 Cale Through CDC#: P2004 Housing: A2-202 Institution: Per 12

PART I: TO BE COM	IPLETED BY T	HE PATIEN	IT.		
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<ol> <li>Visit was for diagnosis</li> <li>Visit was for mental he</li> </ol>	or treatment of a comm	nunicable disease c	condition (See Title	17, Chapter 4, Sul	bchapter 1, Section 2500 CCR)
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<ol><li>Usit was for State mar</li></ol>	dated evaluation or tre	atment (e.g., Annu	ual TB tests)		
7. Visit was for reception	screening and evaluation co-payment. Send I	on only PINK copy to Inm	ate Trust Office		
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## Case 5:08-cv-03315-JF Document 1-4 Filed 07/09/2008 Page 13 of 51 HEALTH CARE SERVICES REQUEST FORM (PBSP 7362)

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If you believe this to be	an urgent/emergent health	care need, contact th	ne correctional officer on duty
REQUEST FOR: ME	DICAL PSYCHIATR	Y MENTAL H	EALTH DENTAL PHARMACY
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PART II: TO BE CO	MPLETED BY THE TRI	AGE RN/RDA/MT	A
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·	T INFORMATION - TO	RE FILLED OUT	Date & Time Completed BY DEPARTMENTAL STAFF
visit was for an emergi	ency		
<ol> <li>Visit was for diagnosis</li> <li>Visit was for mental he</li> </ol>	or treatment of a communicable disease	ase condition (See Title 17,	Chapter 4, Subchapter 1, Section 2500 CCR)
- LJ TISK Was to Inclide he	ealth services equested by the clinician.		,
<ol><li>Visit was for State man</li></ol>	dated evaluation or treatment (e.g. A	Annual TB tests)	
6. Visit was for reception	screening and evaluation only		
DISTRIBUTION:	om co-payment. Send PINK copy to	Inmate Trust Office.	
ORIGINAL-Unit Health Record PBSP 7362 (Rev. 7/03)	YELLOW - Pharmacy	PINK - Inmate Trust	GOLDENROD - Inmate/Patient
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Traine: [][[[]]	V//PODE/CDC#:/	Lousing Housing	1g: ASU-E / Institution: PAP

Case 5:08-cv-03315-JF Document 1-4 Filed 07/09/2008 LTH CARE SERVICES REQUEST FORM (PBSP 7362)

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PART I: TO BE COMP	PLETED BY THE PATI	ENT		FI
If you believe this to be a	in urgent/emergent health	care need contact the	correctional officer on duty	
REQUEST FOR: MED	ICAL DE PSYCHIATR	$Y \square = MENTAL HEA$	THE DENTALE DI	ARMACY 🗆
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PATIENT'S SIGNATURE:	T. Blooding	DA	TE TO COUNTY	en1 616.
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1. Visit was for an emergence	INFORMATION - TO :	RE LITTED OUT BY	DEPARTMENTAL STAF	7F
2.	treatment of a communicable disea	ase condition (See Title 17, Ch	napter 4, Subchapter 1, Section 2500 CC	R)
<ul><li>3.</li></ul>	II SCIVICES			,
<ol><li>Visit was for State mandat</li></ol>	ted evaluation or treatment (e.g., A	innual TB tests)		
6.	reening and evaluation only co-payment. Send PINK copy to	ŕ		
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ORIGINAL-Unit Health Record PBSP 7362 (Rev. 7/03)	YELLOW - Pharmacy	PINK - Inmate Trust	GOLDENROD - Inmate/Patient	
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PART I: TO BE COMPLETED BY THE P.	PATIENT
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The state of the s	,
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7. Visit is NOT exempt from co-payment. Send PINK co	copy to Inmate Trust Office.
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7. Visit is NOT exempt from co-payment. Send PINK co	copy to Inmate Trust Office.

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HEALTH CARE SERVICES REQUEST FORM (PBSP 7362) 188075 PART I: TO BE COMPLETED BY THE PATIENT If you believe this to be an urgent/emergent health care need, contact the correctional officer on duty MEDICAL PSYCHIATRY MENTAL HEALTH REQUEST FOR: DENTAL PHARMACY □ CDC #: r HOUSING: PHARMACY REFILL# \*Pharmacy, place labels on back of form\* THE REASON YOU WANT HEALTH CARE. (DESCRIBE YOUR HEALTH PROBLEM AND HOW LONG YOU HAVE HAD THE PROBLEM) was retusing PART II: TO BE COMPLETED BY THE TRIAGE RN/RDA/MTA Date & Time Received: Reviewed by RN/RDA, Date Signatur Triage Designation: S: O: T: P: R: BP: WEIGHT: A: P: Signature/Date/Time: APPOINTMENT EMERGENCY [ URGENT | ROUTINE [ SCHEDULED AS: (immediately) (within 24 hours) (within 14 calendar days) REFERRED TO PCP. DATE OF APPOINTMENT: Print/Stamp Name Signature/Title Date & Time Completed COPAYMENT INFORMATION - TO BE FILLED OUT BY DEPARTMENTAL STAFF Visit was for an emergency Visit was for diagnosis or treatment of a communicable disease condition (See Title 17, Chapter 4, Subchapter 1, Section 2500 CCR) 3. Visit was for mental health services Visit was a follow-up requested by the clinician. Visit was for State mandated evaluation or treatment (e.g., Annual TB tests) Visit was for reception screening and evaluation only Visit is NOT exempt from co-payment. Send PINK copy to Inmate Trust Office.

DISTRIBUTION:

ORIGINAL-Unit Health Record PBSP 7362 (Rev. 7/03)

YELLOW - Pharmacy

PINK - Inmate Trust

GOLDENROD - Inmate/Patient

CDC#:/// 45 Housing: A (//- F)

PART I: TO BE COMPLETED BY THE PATIENT
If you believe this to be an urgent/emergent health care need, contact the correctional officer on duty
REQUEST FOR: MEDICAL PSYCHIATRY MENTAL HEALTH DENTAL PHARMACY
NAME: Bloods AW Theonric CDC #: P20045 HOUSING: AS11-F1
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PHARMACY REFILL # *Pharmacy, place labels on back of form*  THE REASON YOU WANT HEALTH CARE. (DESCRIBE YOUR HEALTH PROBLEM AND HOW LONG YOU HAVE
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PATIENT'S SIGNATURE: T. Bloodsaw DATE: 12-7-07
PART II: TO BE COMPLETED BY THE TRIAGE RN/RDA/MTA
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Reviewed by RN/RDA, Date: 12 12/7 Time: 1760 Signature: 100 Triage Designation:
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Print/Stamp Name Signature/Title Date & Time Completed
COPAYMENT INFORMATION – TO BE FILLED OUT BY DEPARTMENTAL STAFF  1.
DISTRIBUTION:
ORIGINAL-Unit Health Record YELLOW - Pharmacy PINK - Inmate Trust GOLDENROD - Inmate/Patient PBSP 7362 (Rev. 7/03)
21

Name: B/0005aw CDC#: P20045 Housing: ASU-E/ Institution: PBSP

HEALTH CARE SERVIC	ES REQUEST FO	ORM (PBSP 736	2)	3299
PART I: TO BE COMPLETED I	BY THE PATIENT			
If you believe this to be an urgent/e	mergent health care need	l, contact the correction	nal officer on duty	
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Print/Stamp Name	Signature/Title		Date & Time Complete	_ :d
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<ul> <li>Visit was for diagnosis or treatment of</li> <li>Visit was for mental health services</li> </ul>	a communicable disease condition	n (See Title 17, Chapter 4, Su	bchapter 1, Section 2500 CC	R)
4.  Visit was a follow-up requested by the	clinician.		· ·	
<ul> <li>Visit was for State mandated evaluation</li> <li>Visit was for reception screening and</li> </ul>		ests)		
7. Visit is NOT exempt from co-payment		st Office.		· · · · · · · · · · · · · · · · · · ·

DISTRIBUTION: 3

ORIGINAL-Unit Health Record PBSP 7362 (Rev. 7/03)

YFLLOW - Pharmacy

PINK - Inmate Trust

GOLDENROD - Inmate/Patient

Name: Bloodsaw TheopriceDC#: P20045 Housing: A2-202 Institution PBSP Bilakral hips X-kay dovie 4/10/07. And have a fellow up visit with -08.

### **HEALTH CARE SERVICES REQUEST FORM (PBSP 7362)**

PART 1: TO BE COMPLETED 1						
If you believe this to be an urgent/e			nal officer on duty			
REQUEST FOR: MEDICAL			DENTAL ☐ PHARMACY ☐			
NAME: Blood AW 7	COPIC CDC	#:P2004.5	HOUSING: A2-202			
PHARMACY REFILL # *Pharmacy, place labels on back of form*						
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HAD THE PROBLEM)						
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PATIENT'S SIGNATURE: 7. 184	rodsow	DATE: 8	-12-07			
PART II: TO BE COMPLETED	BY THE TRIAGE	RN/RDA/MTA				
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Name: Bloods AW CDC#: P20045 Housing: A2-102 Institution: PH

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If you be	lieve this to be as	n urgent/emergent h	ealth care no	eed, contact the co	rrectional	officer on a	hity	
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PATIENT	'S SIGNATURE:	T. Bloodsay	·	DATE	3:8-2	8-07		
PART II:	TO BE COM	PLETED BY THE	TRIAGE F	N/RDA/MTA		<del></del>	•	- <u>4 -</u>
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	COPAYMENT	INFORMATION -	TO BE FI	LLED OUT BY I	DEPART	MENTAL S	STAFF	
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3.  \( \sqrt{Vis} \)	sit was for diagnosis or sit was for mental healt	treatment of a communicat	ele disease condi	ition (See Title 17, Chapi	ter 4, Subcha	pter 1, Section 25	00 CCR)	31
4. 🔲 Vis	it was a follow-up requ	iested by the clinician.		and the second second				ر بن <del>. د مد مد بود.</del>
<ol> <li>U Vis</li> </ol>	it was for State manda	ed evaluation or treatment	(e.g., Annual Ti	B tests)				
6. Vis	it was for reception so	reening and evaluation only	/ 	0.00		·	* *	
DISTRIBUTION		co-payment. Send PINK of	opy to Inmate T	rust Office.				
ORIGINAL-Ur	nt Health Record -	YFLLOW - Pharmacy	pŢ	NK - Inmate Trust	, വേദ	ENROD - Inniate	Dations	
PBSP 7362 (Rev. 7/	(03)			A STATE OF THE STA	OOLL		/ attent	
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Name: 01000) U.W.

Housing: A2-202 Institution: PBSP

## Case 5:08-cv-03315-JF Document 1-4 Filed 07/09/2008 Page 21 of 51 HEALTH CARE SERVICES REQUEST FORM (PBSP 7362)

PART I: TO BE COMPL	ETED BY THE PATII	ENT	
If you believe this to be an	urgent/emergent health	care need, contact the	correctional officer on duty
REQUEST FOR: MEDIC	CAL DE PSYCHIATRY	MENTAL HEA	
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PHARMACY REFILL#	1.1 11 K. C. C. C.	DC #: 6 26/24	
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PART II: TO BE COMP	LETED BY THE TRIA	GE RN/RDA/MTA	
Date & Time Received:			Received by:
Reviewed by RN/RDA, Dat	e:/ Time:	Signature:	Triage Designation:
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APPOINTMENT	EMERGENCY [	URGENT	☐ ROUTINE ☐
*SCHEDULED AS:	(immediately)	(within 24 ho	
REFERRED TO PCP:		DATE OF APPOINT	MENT:
Print/Stamp Name	Signature	e/Title	Date & Time Completed
COPAYMENT I	NFORMATION – TO	BE FILLED OUT B	Y DEPARTMENTAL STAFF
<ol> <li>Visit was for an emergency</li> </ol>			
<ol> <li>Visit was for diagnosis or to</li> <li>Visit was for mental health</li> </ol>	eatment of a communicable diseaservices	ase condition (See Title 17, C	hapter 4, Subchapter 1, Section 2500 CCR)
4. Usit was a follow-up reque			
5. Visit was for State mandate 6. Visit was for reception screen	d evaluation or treatment (e.g., A	Annual TB tests)	
7. Visit is NOT exempt from a	co-payment. Send PINK copy to	Inmate Trust Office.	
DISTRIBUTION:			
ORIGINAL-Unit Health Record PBSP 7362 (Rev. 7/03)	YELLOW - Pharmacy	PINK - Inmate Trust	GOLDENROD - Inmate/Patient
Name Plant		~~~	Activities and a second
Name: 6/2 0 20	CDC#:,/-	Housing Housing	g: A U-F / Institution: PP P

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PART I: TO BE						
If you believe this	to be an urgent/o	emergent health	care need, contact	the correcti	onal officer on duty	
REQUEST FOR:	MEDICAL	✓PSYCHIATR	Y MENTAL H	IEALTH 🗆		IARMACY 🗆
NAME: 8/000	1501170	1979 / 13 pm 1 20 1	CDC #: <sub>[P200]</sub>	<i>i</i> - "	HOUSING:	11-51
PHARMACY REFI		1		*P	armacy, place labels o	n back of form*
THE REASON YOU	WANT HEALT	H CARE. (DESC	RIBE YOUR HEAD	TH PROBL	EM AND HOW LON	G YOU HAVE
HAD THE PROBLE	M)					
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PART II: TO BE		BY THE TRI	AGE RN/RDA/M			€ .
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APPOINTMENT	·		nature/Date/Time			
SCHEDULED AS:		EMERGENCY [	URGE		ROUTINE [	
REFERRED TO PCP		(immediately)	DATE OF APPO	24 hours)	(within 14 calendar	days)
			DAIL OF ALLO	HATIVIENT.		· · · · · · · · · · · · · · · · · · ·
Drint/Ctomp No.			(m) d			
Print/Stamp Name	JENT INFOR	Signatu		T DY DED	Date & Time Compl	eted
<ol> <li>U Visit was for an</li> </ol>	emergency				ARTMENTAL STA	
3. 🔲 Visit was for me	ental health services		condition (See Title	. г., спарісі 4, 3	dochapter 1, Seeffon 2300 (	JCR)
4.  Visit was a follo	ow-up requested by the	e clinician. on or treatment (e.g.,	Annual TP tests			
6.∞ Visit was for re	ception screening and	evaluation only				
	empt from co-paymen	t. Send PINK copy to	Inmate Trust Office.			
ORIGINAL-Unit Health Reco	ord YELI	OW - Pharmacy	PINK - Inmate Trust	•	GOLDENROD – Inmate/Pati	ent
Name Pilon		CDC#./	Page Tunn	A - /	1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

PART I: TO BE COMPLETED BY THE PATIEN	T
If you believe this to be an urgent/emergent health car	re need, contact the correctional officer on duty
	MENTAL HEALTH DENTAL PHARMACY
REQUEST FOR: MEDICAL   PSYCHIATRY	TABLE TO THE TABLE
NAME: Blowde AM Theopric CD	C#: P20045 HOUSING: A2-202
PHARMACY REFILL #	*Pharmacy, place labels on back of form*
THE REASON YOU WANT HEALTH CARE. (DESCRI	BE YOUR HEALTH PROBLEM AND HOW LONG YOU HAVE
HAD THE PROBLEM)	
1/ 1. +	to be reissued I have been
My Medicalion needs	To be reissued I have been
manal and that it c	ince 1-13-07 From B8-101
mores and willout 11 St	11(6C 4 15 0) 11 011 5/0 1-1
to Ad-Spa A2-202	
10/10 569.12	
PATIENT'S SIGNATURE: T. Blowns	DATE: 42-15-09
PART II: TO BE COMPLETED TO 12871465-14	N/RDA/MTA
Date & Time D COESCENT CITY DRUG TO ANY DERSON	Received by:
PART II: TO BE COMPLETED  Date & Time D  PELICAN BAY STATE PRISON S985 LAKE EARL DR. CRESCENT ("INS DRESCRIBED."  PELICAN BAY STATE PRISON S985 LAKE EARL DR. CRESCENT ("INS DRESCRIBED."  PELICAN BAY STATE PRISON S985 LAKE EARL DR. CRESCENT ("INS DRESCRIBED."  PELICAN BAY STATE PRISON S985 LAKE EARL DR. CRESCENT ("INS DRESCRIBED."  PELICAN BAY STATE PRISON S985 LAKE EARL DR. CRESCRIBED.  PEL	gnature: Triage Designation:
PELICAN BAY STATE PRISON 5980 FTETT FOR THUM P20045  PELICAN BAY STATE PRISON FOR THEN THE PATTERY FOR THUM P20045  RPH: P	FUB;
PELICAN BAY STATE BERN THAN THE PATTERN TO COC Number: P20045  RPH: P  CDC Number: 88444  BLODDSAM, THEOPRIC  BLODDSAM, THEOPRIC  Dispensed: 94/17/07  Prescriber: CHERYL MALD-CLINES, + RX#: 98444  Dispensed: 94/17/07  Prescriber: 49483004101  PRO: 49483004101  BMG CAP SA DAILY EVERY DAY  05/01/2007	
ADDSAM! ""-JCDY! THE" JODGSO. J. (CAPS	
100: 494830041 - PMG CAP SH DAILY EVERY 05/01/2001	
CHLORPHENIRAMINE SA BY MOUTH Stop age	WEIGHT:
TAKE 1 throat date: 12/29/200	767 1465-11 VV DIGITI.
TAKE 1 Christ date: 12/23/250  Order Start date: 4/17/7  Refill Start date: 4/17/7	1,082-4,
CASSCENT THIS SECRIFICATION THE SECRIFICATION TH	RPH: POICTC  RPH:
CHLORPHENIRAMINE OF BY MOUTH DAYLO CHERRY DO CALIN WERY DAY MAN SOLD CHERRY DAY MAN SO	PELICAN BAY STATE PRISON 5405 LAKE EARL DR. CRESCENT CITY. CA 95532 (707)465-1000  PELICAN BAY STATE PRISON 5405 LAKE EARL DR. CRESCENT CITY. CA 95532 (707)465-1000  PELICAN BAY STATE PRISON 5405 LAKE EARL DR. CRESCENT TITY PRISON TO ANY PERSON  OTHER THAN THE PATIENT FOR WHOM IT WAS PRESCRIBED.  AREA CRESCENT OF THE PATIENT FOR WHOM IT WAS PRESCRIBED.
P: LACTULOSE BY Which the most convenient Stop date:  P: LACTULOSE BY Which the most convenient or pm. whichever 12/26/2006  P: LACTULOSE BY HOUTH DAILY convenient or pm. whichever 12/26/2006  Order Stert date: 4/17/7  Order Stert date: 4/17/7	OTHER THAN THE PATIENT FOR HOLD PROMISE AZ U292-L
PELICAPONITION MALO-CLIMANSEO. 473 Give	95/01/1 Prescriber: CHERYL MALU-LINES, 107/07 mfg: TEVH 039 NDC: 00093014805 Dispensed: 04/17/07 mfg: TEVH 039 NDC: 04/17/07 mfg: 04/17/
P: LACTULOSE IN THEOPRIC MALO-CLINES, A 173 ML at 180005RW, THEOPRIC MALO-CLINES, A 273 ML at 180005RW, EVERY DAY MAY BUY BUY MALO DISPANSE OF A 180005RW, EVERY DAY MAY BUY MALO DISPANSE OF A 180005RW, EVERY DAY MAY BUY MALO DISPANSE OF A 180005RW, EVERY DAY MAY BUY MALO DISPANSE OF A 180005RW, A 180005RW	NDC: 00093014805  NDC: 00093014805  NAPROXEN 375 MG TABLET DOSES: 30 X 1TABL  NAPROXEN 375 MG TABLET DOSES: 30 X 1TABL  TAKE 1 TABLET BY MOUTH TWICE DAILY AS NEEDED take one pill  TAKE 1 TABLET BY MOUTH TWICE DAILY AS NEEDED take one pill
BLOOD iber 1857716 M DAILY CONVENTED STOP	TAKE 1 TABLET BY MUUTH TWIGE STATE AS / 01/2007
A: NOC: NOSE 18 NOUTH MOST 26/2006	TAKE 1 HBLL: 5. The twice a day  Order Stop date: 05/01/2007  Order Stop date: 05/01/2007
P: LACTU 30 Mil chever 12/27/7	Order Start date: 4/17/7 Refill Start date: 4/17/7
or pm' start date.	TAKE WITH FOOD
Ordeill Sta	PELICAN BAY STATE PRISON 5985 LAKE EARL DR. CRESCENT CITY, CA 95532 (782)465-1008 (CAUTION: FEDERAL LAW PROHIBITS THE IRANSFER OF THIS DRUG TO HAY PERSON DIHER THAN THE PATIENT FOR WHOM IT HAS PRESCRIBED.
707) 465-1800 TITY, CH 95532 (707) 465-1800 THE OFFICE OF THE OFFICE OFFICE OFFICE OFFICE OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFF	DELICAN BAY STATE PRISON 5985 LAKE EARL DR. CRESCOF THIS DRUG TO ANY PERSON DELICAN BAY STATE PRISON 5985 LAKE EARL DR. CRESCOF THIS DRUG TO ANY PERSON DELICAN BAY STATE PRISON 5985 LAKE EARL DR. CRESCOFT THIS DRUG TO ANY PERSON DELICAN BAY STATE PRISON 5985 LAKE EARL DR. CRESCOFT THIS DRUG TO ANY PERSON DELICAN BAY STATE PRISON 5985 LAKE EARL DR. CRESCOFT THIS DRUG TO ANY PERSON DELICAN BAY STATE PRISON 5985 LAKE EARL DR. CRESCOFT THIS DRUG TO ANY PERSON DELICAN BAY STATE PRISON 5985 LAKE EARL DR. CRESCOFT THIS DRUG TO ANY PERSON DELICAN BAY STATE PRISON 5985 LAKE EARL DR. CRESCOFT THIS DRUG TO ANY PERSON DELICAN BAY STATE PRISON 5985 LAKE EARL DR. CRESCOFT THIS DRUG TO ANY PERSON DELICAN BAY STATE PRISON 5985 LAKE EARL DR. CRESCOFT THIS DRUG TO ANY PERSON DELICAN BAY STATE PRISON 5985 LAKE EARL DR. CRESCOFT THIS DRUG TO ANY PERSON DELICAN BAY STATE PRISON 5985 LAKE EARL DR. CRESCOFT THIS DRUG TO ANY PERSON DELICAN BAY STATE PRISON 5985 LAKE EARL DR. CRESCOFT THIS DRUG TO ANY PERSON DELICAN BAY STATE PRISON 5985 LAKE EARL DR. CRESCOFT THIS DRUG TO ANY PERSON DELICAN BAY STATE PRISON 5985 LAKE EARL DR. CRESCOFT THIS DRUG TO ANY PERSON DELICAN BAY STATE PRISON 5985 LAKE EARL DR. CRESCOFT THIS DRUG TO ANY PERSON DELICAN BAY STATE PRISON 5985 LAKE EARL DR. CRESCOFT THIS DRUG TO ANY PERSON DELICAN BAY STATE PRISON 5985 LAKE EARL DR. CRESCOFT THIS DRUG TO ANY PERSON 5985 LAKE EARL DR. CRESCOFT THIS DRUG TO ANY PERSON 5985 LAKE EARL DR. CRESCOFT THIS DRUG TO ANY PERSON 5985 LAKE EARL DR. CRESCOFT THIS DRUG TO ANY PERSON 5985 LAKE EARL DR. CRESCOFT THIS DRUG TO ANY PERSON 5985 LAKE EARL DR. CRESCOFT THIS DRUG TO ANY PERSON 5985 LAKE EARL DR. CRESCOFT THIS DRUG TO ANY PERSON 5985 LAKE EARL DR. CRESCOFT THIS DRUG TO ANY PERSON 5985 LAKE EARL DR. CRESCOFT THIS DRUG TO ANY PERSON 5985 LAKE EARL DR. CRESCOFT THIS DRUG TO ANY PERSON 5985 LAKE EARL DR. CRESCOFT THIS DRUG TO ANY PERSON 5985 LAKE EARL DR. CRESCOFT THIS DRUG TO ANY PERSON 5985 LAKE EARL DR. CRESCOFT THE DRUG TO ANY PERSON 5985 LAKE EARL DR. CRESCOFT THE DRUG TO
PAY STATE PRISON 5905 LAKE EARL DR. CRESSENT THIS DRUG TO THE PRISON STATE PRISON SOUTH TO THE TRANSFER OF THE PRISON SOUTH THE TRANSFER OF TH	OTHER THAN THE PARTY P20045 A2 U202-L
PELICAN BAY STATE PRISON 5905 LAKE EARL DR. CRESCENT CITY. CA 95532 (767)465-1008  PELICAN BAY STATE PRISON 5905 LAKE EARL DR. CRESCENT THIS DRUG TO ANY PERSON  PELICAN BAY STATE PRISON SHOWN THE PATIENT FOR WHOM IT WAS PRESCRIBED.  PELICAN BAY STATE PRISON SHOWN THE PATIENT FOR WHOM IT WAS PRESCRIBED.  PELICAN BAY STATE PRISON SHOWN THE PATIENT FOR WHOM IT WAS PRESCRIBED.  PELICAN BAY STATE PRISON SHOWN THE PR	BLOODSAW, THEOPRIC CDC Number: P20045  Prescriber: CHERYL MALO-CLINES, + RX#: 87618  Prescriber: CHERYL MALO-CLINES, + RX#: 87618  Prescriber: CASOSOGOSOO Dispensed: 04/17/07 mfg: APOTEX USA INC
BLOODSAN, THEOPRIC  BLOODS	Prescriber: Chert Dispensed: 04/17/07 mg
Prescriber: CHERYL MHLUUCSIDE 04/17/0/	THE 20 MG CAPSULE OF THE PY DAY .
Prescriber CHEM Dispensed VI ICAPS NDC: 00536375701 Dispensed VI ICAPS NDC: 00536375701 DOCUSATE SODIUM 250 MG CAP DOSES: 15 X ICAPS DOCUSATE SODIUM 250 MG CAP DOSES: 15 X ICAPS DOCUSATE SODIUM 250 MG CAP DOSES: 15 X ICAPS NDC: 00536375701 DOCUMENT SOURCE SODIUM PRODUCT SOURCE STOP DOSES: 05/01/2007	OMEPHAZULE DR BY MOUTH DAILY EVENT DITTAKE 1 CAPSULE DR BY MOUTH DAILY EVENT D
TAKE 1 CAPSULE BY MOUTH DRIET	Order Start date: 12/17/7 Refill Start date: 4/17/7
Muer le 13/36/3008 Order	
Order Start date: 127277 Refill Start date: 4/17/7	se condition (See Title 17, Chapter 4, Subchapter 1, Section 2500 CCR)
visit was for mental health services	·
A   T   X   Y   Y   Y   Y   Y   Y   Y   Y   Y	TO STOLE PRISON 5965 LAKE EARL DR. CRESCENT CITY, CA 95532 YOUR STOLE PRISON 5965 LAKE EARL DR. CRESCENT CITY DRUG TO ANY PERSON
PELICAN BRY STRIE PRISON 5985 LAKE EARL DR. CRESCENT CITY. CA 95532 (707)465-1680 CAUTION: FEDERAL LAW PROMIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CAUTION: FEDERAL LAW PROMIBITS THE TRANSFER OF THIS PRESCRIBED.	PELICAN BAY STATE PRISON 5965 LAKE EARL DR. CRESCENT CITY. CA 95532 (787)465-1806  PELICAN BAY STATE PRISON 5965 LAKE EARL DR. CRESCENT CITY. CA 95532 (787)465-1806  CAUTION: FEDERAL LAW PROVIDE THE THE TRANSFER OF THIS DRUG TO ANY PERSON  OTHER THAN THE PATIENT FOR WHOM IT WAS PRESCRIBED.  AZ U262-L
OTHER THAN THE PATIENT FOR MINUTED TO THE PATIEN	CDP MAINTER DDM: UP 180 1
3LOODSAN, THEOPRIC CDC Number - P20043	Propertible: Chekte
Prescriber: CHERTL TALLOCKTION MFg: TIME CHP LABS	NDC: 00085128801 Dispensed 17 GM QTY:
CHLORPHENIRAMINE BMG CAP SA DUSES - 15 A TOTAL	NDC: 00085128801 17 GM QTY: NASONEX 50 MCG NASAL SPRAY NASONEX 50 MCG NASAL SPRAY 2SPRAY TO NARE(S) DAILY EVERY DAY Pt will order med when he
CHLORPHENIRAMINE BMG CAP SH TAKE 1 CAPSULE SA BY MOUTH DAILY EVERY DAY . Toder Start date: 12/29/2006 Order Stop date: 05/01/2007 Order Start date: 12/29/2006	needs 11
Order Start date: 12/23/2008 Refill Start date: 4/17/7	Order Start date: 4/17/7 Refill Start date: 4/17/7

Red 4.17.67 RSu

PART I: TO BE COMPLETED BY THE PA	TIENT	
If you believe this to be an urgent/emergent hea	th care need, contact the correctional officer on duty	
REQUEST FOR: MEDICAL TO PSYCHIA	DYC - YENG	RMACY 🗆
NAME: Blood SAW Theonrie	CDC #: P2004Z HOUSING: 47-	202
PHARMACY REFILL #	*Pharmacy, place labels on l	pack of form*
THE REASON YOU WANT HEALTH CARE. (DI	SCRIBE YOUR HEALTH PROBLEM AND HOW LONG	YOU HAVE
HAD THE PROBLEM)		
I would like to rene	w my medication as soo.	2 05
possible. 0n 7-30-07	requested a medication	refill
the pharmacy it has e	xpired according to the law	selon
MY MEDICINE bags Orde	~ Stop date is 8-3-07	
PART II. TO BE COMPLETED BY THE	DATE: 8-2-0;	/
PATTENT'S SIGNATURE:  PART II: TO BE COMPLETED BY THE THE PRISON SPORT OF THIS BRUG TO ANY  PELICIAH BAY STATE PRISON SPORT THE THAN THE PATTENT FOR HIGH IT HAS DRESCRIBED.  PELICIAH BAY STATE PRISON SPORT THAN THE PATTENT FOR HIGH IT HAS DRESCRIBED.  COC Number: P20045  CDC Number: 109867  RX#: 109867  RX#: 109867	PERSON Received by:	
RAVIAL DESCRIPTION OF THIS BRUYBED.	92 U202-L gnature: Triage Designation	1:
PELICAN BAY STATE PRISONAL PROPRIETY FOR CAUTION: FEDERAL THAN THE PATIENT FOR PAGE 1	RPH: pbjma	
PELILAM BRY STREET THAN THE PATTERN P. P. 20045  CDC Number: P. 20045  RX#: 109867  BLOODSAH. THEOPRIC  BLOODSAH. THEOPRIC  BLOODSAH. JAIN. MD  DISPENSED: 08/03/07 mfg: APC  PROPERTY DESCRIPTION OF THE PATTERN P. P. 20045  BLOODSAH. THEOPRIC  DISPENSED: 08/03/07 mfg: APC  OSES	1 X 473ML	
TOUDHAM TOUND DEATH TOUGHOUT TOUGHOUT		
Prescriber: BHHMM Dispense 473 ML  Prescriber: BHHMM Dispense 473 ML  NDC: 6050563601  NDC: 605056601  NDC: 60506601  ND	5/2007	
LACTULOSE BY MOUTH DATE OF OTHER STORY	: WEIGHT:	
TAKE 30 ML bute: 05/07/2007 Order Start date: 08/03/07 Refill Start date: 08/03/07	TOTOT READE	
Refill 5.0	WEIGHT:  WEI	
	CALLA TO COLLEGE	
	WWW. Ling ON WOLFE.	
	September 100 Million	
	Control Ser Of White Control	
	Die, Mariane 1	
A: CRANTE	PLEASURY OF ORDER TO THE STREET OF THE PROPERTY OF THE PROPERT	
A; CK	TO SEAS OF OLD IN DAY	· ·
P:	PLEASEW TO BY:	
	, Kr. OCKSSE.	
	ignature/Date/Time:	
	ignature/Date/Time.	
COMPANY		
REFERRED TO PCP: (immediately)	(within 24 hours) (within 14 calendar day DATE OF APPOINTMENT:	(s)
Tell Brite D To To T	DATE OF AFFOINTMENT:	
	ature/Title Date & Time Completed	
UPAYMENT INFORMATION — 1	O BE FILLED OUT BY DEPARTMENTAL STAF	<b>F</b>
	disease condition (See Title 17, Chapter 4, Subchapter 1, Section 2500 CCF	,,
3. Usit was for mental health services	, Savonapior 1, Section 2500 CCP	
<ul> <li>4.</li></ul>	a Annual TR teste)	
6. Visit was for reception screening and evaluation only		
7. Usit is NOT exempt from co-payment. Send PINK cop	y to Inmate Trust Office.	
DISTRIBUTION: ORIGINAL-Unit Health Record YELLOW - Pharmacy PBSP 7362 (Rev. 7/03)	PINK - Inmate Trust GOLDENROD - Inmate/Patient	
		<del></del>

Name: Bloodsaw

CDC#:P20045 Housing: A2-202 Institution: PBSP

PART I: TO BE COMPLETED BY THE PATIENT	
If you believe this to be an urgent/emergent health care	need, contact the correctional officer on duty
REQUEST FOR: MEDICAL ☐ PSYCHIATRY ☐	MENTAL HEALTH □ DENTAL □ PHARMACY 🔽
NAME: D/a a leave T/a con CDC	
MANIE BIOODSAW INCOURIGE	"1720043 1003114J.B8-209
PHARMACY REFILL #	*Pharmacy, place labels on back of form*
	YOUR HEALTH PROBLEM AND HOW LONG YOU HAVE
HAD THE PROBLEM)	TOOK HEALTH TROBLEM AND HOW LONG TOO HAVE
THE TROBLEM)	
I pood my modication cotillor	1. OMEDICATALE IN M. Shlankas 1
+ ricco my micorcanon remined	or epiazore zo i la cinopini
Chlorpheniramine 8MG. Docu	costo Carlin 750 MG Nancoven
Citto pricinamine or to, buch	Sup Journa Jo Tio Harronen
375 MG. Nasone	CALMIE T Also need bat-
PELICHI BAY STATE PRISON SE	PROHIBITS THE TRANSFER OF THIS DRUG TO ANY VERSON THE PATIENT FOR WHOM IT WAS PRESCRIBED.
TOPIPS FOR MY DE-	PROHIBITS THE TRANSFER OF THIS DRUG TO ANY MERSON
PATIENT'S SIGNATURE TO BLOODSAW, THEOPRIC	CDC Market DED.
Prescriber: CHERYI MAL	CDC Number: P20045 0-CLINES, FNRX#: 87621 RPH: chied
Honor	
Date & Time Received:  NASONEX 50 MCG NASAL SI 2SPRAY TO NARE(S) DAIL	PRAY 17 GM QTY: 0 Y EVERY DAY Pt will order med when he nation:
Reviewed by RN/RDA, Date:	revert DAY Pt will order med when he nation:
S: Order Start date: 12/20 Refill Start date: 3/20	- C7 W
5. Start date: 3/28	2007
The state of the s	
	(', 0
FLICON BOY STATE PRISON 5905 LAKE EARL DR. CRESCENT CITY, CA 95532 (787)465-1000	<u>~ ~ 6</u>
ELICAN BAY STATE PRISON S905 LAKE EARL DR. CRESCENT CITY, CA 95532 (767)465-1000 CAUTION: FEBERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM IT MAS PRESCRIBED.	BP: WEIGHT: 2-0 per
	- San Community of the State of
ODDSAW, THEOPRIC CDC Number: P20045 ADSE 01-L escriber: CHERYL MALO-CLINES, FNRX#: 143746 RPH: pbnlg	——————————————————————————————————————
C: 00904198280 Dispensed: 12/03/07 mfg: MAJOR PHARM.	
ay as needed for pain	
der Start date: 11/30/2007 Order Stop date: 12/30/2007	
rder Start date: 11/30/2007 Order Stop date: 12/30/2007 Fill Start date:	The Part of the Pa
rder Start date: 11/30/2007 Order Stop date: 12/30/2007 Fill Start date:	Dow mot lany Entlines
fill Stant date:	Down mot lang Entlines
fill Start date:	Down mot lang Entlines
PELISAN BAY STATE PRISON SOOS LAKE EARL DR. CRESCENT CITY, CA 95532 (707)465-1006 CAUTION: FEDERAL LAW PROMIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATTENT FOR WHOM IT WAS PRESCRIBED.	
FELICIPAL BAY STATE PRISON SOOS LAKE EARL DR. CRESCENT CITY, CA 95532 (767)465-1000 CAUTION: FEDERAL LAH PROMIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM IT WAS PRESCRIBED. PLOODSAM, THEOPRIC CDC Number: P20045 ADSE 01-t	ned to Contact
Fill Start date:  PECLISH BAY STALE PAISON 5905 LAKE EARL DR. CRESCENT CITY. CA 95332 (787)465-1806 CHUTION: FEDERAL LAW PROBIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM IT WAS PRESCRIBED.  LOODSAW, THEOPRIC CDC Number: P20045 ADSE 01-18 TRESCRIBER: CHERYL MALO-CLINES, FNRX#: 139585 RPH: pbjm	ned to Contact
PELICAN BAY STATE PRISON SOOS LAKE EARL DR. CRESCENT CITY. CA 95532 (767)465-1000 CAUTION: FEDERAL LAW PROMIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM IT WAS PRESCRIBED.  LOODSAM, THEOPRIC CDC Number: P20045 ADSE 01-16 PRESCRIBER: CHERYL MALO-CLINES, FNRX#: 139585 RPH: pbjms- LOC 60505006500 Dispensed: 12/05/07 mfg: APOTEX USA INCOMPRAZOLE 20 MG CAPSULE DR. DOSES: 30 X 1CAPS	Medale Clinic to Those
PERIODE BAY STATE PRISON SOOS LAKE EARL DR. CRESCENT CITY. CA 95332 (767)465-1006 CAUTION: FEDERAL LAW PROBIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM IT WAS PRESCRIBED.  LOODSAW, THEOPRIC CDC Number: P20045 ADSE 01-L DESCRIBER: CHERYL MALO-CLINES, FNRX#: 139585 RPH: pbjms DC 6050506500 Dispensed: 12/05/07 mfg: APOTEX USA INC	ned to Contact
PERIODS AW, THEOPRIC CDC Number: P20045 ADSE 01-L DECTOR DESCRIPTION SHOP THE PATTERN FOR HIGH I HAS PRESCRIBED.  L GODS AW, THEOPRIC CDC Number: P20045 ADSE 01-L DECTOR CHERYL MALO-CLINES, FNRX#: 139585 RPH: pbjms DC 6650506500 Dispensed: 12/05/07 mfg: APOTEX USA INC MEPRAZOLE 20 MG CAPSULE DR DOSES: 30 X 1CAPS AKE 1 CAPSULE DR BY MOUTH DAILY EVERY DAY for stomach order Start date: 11/06/2007 Order Stop date: 02/01/2008	Medale Climic to The so
PELICAN BAY STATE PRISON SOOS LAKE EARL DR. CRESCENT CITY. CA 95832 (707)465-1000 CAUTION: FEDERAL LAW PROBLETS THE TRANSFER OF THIS DRIG TO ANY PERSON OTHER THAN THE PATERT FOR WHOM IT WAS PRESCRIBED.  LOODSAW, THEOPRIC CDC Number: P20045 ADSE 01-L escriber: CHERYL MALO-CLINES, FNRX#: 139585 RPH: pbjms DC 6650506500 Dispensed: 12/05/07 mfg: APOTEX USA INC. MEPRAZOLE 20 MG CAPSULE DR DOSES: 30 X 1CAPS AKE 1 CAPSULE DR BY MOUTH DAILY EVERY DAY for stomach order Stant date: 11/06/2007 Order Stop date: 02/01/2008	Mud to Contact  Plectate Clinic to Those  Date/Time:  URGENT ROUTINE
PERIODSAM, THEOPRIC CDC Number: P20045 ADSE 01-L DESCRIBER: CHERYL MALO-CLINES, FNRX#: 139585 RPH: pbjm DC 60545006500 Dispensed: 12/05/07 mfg: APOTEX USA INC. DEPRESENTED BY MOUTH DAILY EVERY DAY for stomach reder Stant date: 11/06/2007 Order Stop date: 02/01/2008 DESCRIBER: CHERYL MALO-CLINES, FNRX#: 139585 RPH: pbjm DC 60545006500 Dispensed: 12/05/07 mfg: APOTEX USA INC. DEPRESENTED BY MOUTH DAILY EVERY DAY for stomach reder Stant date: 11/06/2007 Order Stop date: 02/01/2008	Medale Chemic to These Date/Time:
PERIODS BAY STATE PRISON S905 LHKE EARL DR. CRESCENT CITY. CA 95832 (787)465-1806 CAUTION: FEDERAL LAW PROBLETS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATTENT FOR WHOM IT WAS PRESCRIBED.  GODSAN, THEOPRIC CDC Number: P20045 ADSE 01-1 DESCRIBER: CHERYL MALO-CLINES, FNRX#: 139585 RPH: pbjmm DC 665645206500 Dispensed: 12/05/07 mfg: APOTEX USA INC MEPRAZOLE 20 MG CAPSULE DR DOSES: 30 X 1CAPS AKE 1 CAPSULE DR BY MOUTH DAILY EVERY DAY for stomach order Start date: 11/06/2007 Order Stop date: 02/01/2008 DFILL Start date: 12/07/07	Date/Time:  URGENT ROUTINE (within 14 calendar days)
PERIODS BAY STATE PRISON S905 LHKE EARL DR. CRESCENT CITY. CA 95832 (787)465-1806 CAUTION: FEDERAL LAW PROBLETS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATTENT FOR WHOM IT WAS PRESCRIBED.  GODSAN, THEOPRIC CDC Number: P20045 ADSE 01-1 DESCRIBER: CHERYL MALO-CLINES, FNRX#: 139585 RPH: pbjmm DC 665645206500 Dispensed: 12/05/07 mfg: APOTEX USA INC MEPRAZOLE 20 MG CAPSULE DR DOSES: 30 X 1CAPS AKE 1 CAPSULE DR BY MOUTH DAILY EVERY DAY for stomach order Start date: 11/06/2007 Order Stop date: 02/01/2008 DFILL Start date: 12/07/07	Date/Time:  URGENT ROUTINE (within 14 calendar days)
PELICAN BAY STATE PRISON 5905 LAKE EARL DR. CRESCENT CITY. CA 9532 (767)465-1006 CHUTTOR: FEDERAL LAW PROBLETS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATTENT FOR WHOM IT WAS PRESCRIBED.  LEODSAM, THEOPRIC CDC Number: P20045 ADSE 01-L TESCITEDET: CHERYL MALO-CLINES, FNRX#: 19585 RPH: pbjms DC. 6650506500 Dispensed: 12/05/07 mfg: APOTEX USA INC MEPRAZOLE 20 MG CAPSULE DR DOSES: 30 X ICAPS AKE 1 CAPSULE DR BY MOUTH DAILY EVERY DAY for stomach of car Start date: 11/06/2007 Order Stop date: 02/01/2008 of ill Start date: 12/07/07  LICHN BHY STATE PRISON 5905 LAKE EARL DR. CRESCENT CITY. CA 95532 (707)468-1006 CHUTION: FEBERAL LAW PROBLESS: THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATTENT FOR WHOM IT WAS PRESCRIBED.	Date/Time:  URGENT   ROUTINE    (within 24 hours)   (within 14 calendar days)  PELICAN BAY SIMIE PRIBON 5985 LAKE EARL DR. CRESCENT CITY. CA 95532 (787) 465- CHITTON: FEDERAL LAW PROHIBITS THE TRANSFER OF (MIS DRUG TO ANY PERSON DINER THAN THE PATIENT FOR MICH IT HAS PRESCRIBED.
PELICAN BAY STATE PRISON SOOS LAKE EARL DR. CRESCENT CITY. CA 9532 (787)465-1000 CHUTION: FEDERAL LAW PROBIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM IT WAS PRESCRIBED.  LOODSAW, THEOPRIC CDC Number: P20045 ADSE 01-L TESCRIBER: CHERYL MALO-CLINES, FNRX#: 139585 RPH: pbjms DC 60505006500 Dispensed: 12/05/70 mfg: APOTEX USA\INC MEPRAZOLE 20 MG CAPSULE DR DOSES: 30 X 1CAPS AKE 1 CAPSULE DR BY MOUTH DAILY EVERY DAY for stomach order Start date: 11/06/2007 Order Stop date: 02/01/2008  11 Start date: 12/07/07  11 CHAN BAY STATE PRISON SOOS LAKE EARL DR. CRESCENT CITY, CA 95532 (707)468-1000 CHUTION: FEBERAL LAW PROBIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CHUTION: FEBERAL LAW PROBIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM IT WAS PRESCRIBED.  DDSAW, THEOPRIC CDC Number: P20045 BB U209-L	Date/Time:  URGENT ROUTINE (within 14 calendar days)  PELICAN BAY STATE PRISON 5985 LAKE EARL DR. CRESCENT CITY, CA 95532 (787) 465- CHITTION: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON DIHER THAN THE PATIENT FOR WHOM IT WAS PRESCRIBED.  BLOODSAW, THEOPRIC CDC Number: P20045 B8 U20 Prescriber: CHERYL MALO-CLINES, + RX#: 87618 RPH: pl
PELICAN BAY STATE PRISON SOS LAKE EARL DR. CRESCENT CITY. CA 9532 (787)465-1006 CHUTTON: FEDERAL LAW PROBLETS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATTENT FOR WHOM IT WAS PRESCRIBED.  LOODSAM, THEOPRIC CDC Number: P20045 ADSE 01-t TESCHIBER: CHERYL MALO-CLINES, FNRX#: 139585 RPH: pbjms DESCHIBER: CHERYL MALO-CLINES, FNRX#: 139585 RPH: pbjms DEPRAZOLE 20 MG CAPSULE DR DOSES: 30 X 1CAPS AKE 1 CAPSULE DR BY MOUTH DAILY EVERY DAY for stomach order: Start date: 11/06/2007 Drder Stop date: 02/01/2008 OFFILE START date: 12/07/07  LICHN BHY STATE PRISON SOOS LAKE EARL DR. CRESCENT CITY, CA 95532 (707)468-1006 CHUTTON: FEDERAL LAW PROBLES, THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PRISON FOR WHOM IT WAS PRESCRIBED.  DESAW, THEOPRIC CDC Number: P20045 BB U209-L SCRIBER: CHERYL MALO-CLINES, + RX#: 88444  RPH: pbjed	Date/Time:  URGENT ROUTINE  (within 24 hours) (within 14 calendar days)  PELICAN BAY STATE PRISON 5985 LAKE EARL DR. CRESCENT CITY, CA 95532 (787) 465- CHITTION: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON DIHER THAN THE PRITENT FOR HIGH IT HAS PRESCRIBED.  8LOODSAW, THEOPRIC CDC Number: P20045 B8 U20 Prescriber: CHERYL MALO-CLINES, + RX#: 87618 RPH: pt NDC: 50505006500 Dispensed: 0326/07 mfg: APOTEX USA
PELIGHN BAY STATE PRISON 5905 LAKE EARL DR. CRESCENT CITY. CA 9532 (767)465-1006 CHUTTOR: FEDERAL LAH PROHIBITS THE TRANSFER OF THIS BRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOH IT HAS PRESCRIBED.  LOODSAM, THEOPRIC CDC Number: P20045 ADSE 01-L TESCITION: CHERYL MALO-CLINES, FNRX#: 139585 RPH: pbjmm DEPRAZOLE 20 MG CAPSULE DR DOSES: 30 X 1CAPS AKE 1 CAPSULE DR BY MOUTH DAILY EVERY DAY for stomach Inder Start date: 11/06/2007 Order Stop date: 02/01/2008 OFFILE START DAILY 12/07/07  LICAN BAY STATE PRISON 5905 LAKE EARL DR. CRESCENT CITY, CA 95532 (767)468-1006 CHUTTON: FEDERAL LAH PROHIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM IT WAS PRESCRIBED.  DOSAN, THEOPRIC CDC Number: P20045 Seriber: CHERYL MALO-CLINES, + RX#: 88444 RPH: pbjsd 149483004101 Dispensed: 03/26/07 mig: TIME CAP LABS	Date/Time:  URGENT ROUTINE  (within 24 hours) (within 14 calendar days)  PELICAN BAY STATE PRISON 5985 LAKE EARL DR. CRESCENT CITY. CA 95532 (787) 465- CHITTION: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRIVE TO ANY PERSON  BLOODSAW. THEOPEN BB U26 PRESCRIBED. BROODSAW. THEOPEN BB U26 PRESCRIBED. BROODSAW. THEOPEN BB U26 BROODSAW. THEOPEN BB U2
PECTION BAY STATE PRISON 5905 LAKE EARL DR. CRESCENT CITY. CA 95332 (787)465-1806 CHUTTOR: FEDERAL LAW PROBLETS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM IT HAS PRESCRIBED.  LOODSAM, THEOPRIC CDC Number: P20045 ADSE 01-1 TESCRIBER: CHERYL MALO-CLINES, FNRX#: 139585 RPH: pbjmt DC 60505060500 Dispensed: 12/05/07 mfg: APOTEX USA INC MEPRAZOLE 20 MG CAPSULE DR DOSES: 30 X 1CAPS AKE 1 CAPSULE DR BY MOUTH DAILY EVERY DAY for stomach order Start date: 11/06/2007 Order Stop date: 02/01/2008 effil Start date: 12/07/07  LICHN BAY STATE PRISON 5905 LAKE EARL DR. CRESCENT CITY. CA 95532 (787)465-1608 CHUTTON: FEBERAL LAW PROBLETIS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PRIENT FOR WHOM IT HAS PRESCRIBED.  DDSAW, THEOPRIC CDC Number: P20045 BB U209-L SCRIBER: CHERYL MALO-CLINES, + RX#: 88444 RPH: pbjsd 149483004101 Dispensed: 03/26/07 mic: TIME CAP LABS DRPHENIRAMINE 8MG CAP SA DOSES: 30 X ICAPS	Date/Time:  URGENT ROUTINE  (within 24 hours) (within 14 calendar days)  PELICAN BAY STATE PRISON 5985 LAKE EARL DR. CRESCENT CITY, CA 95532 (787)465- CHITTION: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON  BLOODSAW. THEOPRIC CDC Number: P20045 B8 U2: Prescriber: CHERYL MALO-CLINES, + RX#: 87618 RPH: pl NDC: 60505006500 Dispensed: 03/26/07 mfg: APOTEX USA OMEPRAZOLE 20 MG CAPSULE DR DOSES: 30 X 1CAPS TAKE 1 CAPSULE DR BY MOUTH DAILY EVERY DAY.
PELICIAN BAY STATE PRISON SOOS LAKE EARL DR. CRESCENT CITY. CA 95532 (767)465-1000 CHUTTON: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRIE TO ANY PERSON OTHER THAN THE PATENT FOR WHOM IT WAS PRESCRIBED.  LOODSAM, THEOPRIC CDC Number: P20045 ADSE 01-L 0550506500 Dispensed: 12/05/07 mfg: APOTEX USA INCOME. CAPSULE DR DOSES: 30 X 1CAPS ARE 1 CAPSULE DR BY MOUTH DAILY EVERY DAY for stomach of the Start date: 11/06/2007 Order Stop date: 02/01/2008 of 11 Start date: 12/07/07  LICAN BAY STATE PRISON SOOS LAKE EARL DR. CRESCENT CITY. CA 95532 (767)465-1000 of 11 Start date: 12/07/07  LICAN BAY STATE PRISON SOOS LAKE EARL DR. CRESCENT CITY. CA 95532 (767)465-1000 of 11 Start date: 12/07/07  LICAN BAY STATE PRISON SOOS LAKE EARL DR. CRESCENT CITY. CA 95532 (767)465-1000 of 11 Start date: 12/07/07  LICAN BAY STATE PRISON SOOS LAKE EARL DR. CRESCENT CITY. CA 95532 (767)465-1000 of 11 Start date: 12/06/2007 Order Stop date: 02/01/2008  LICAN BAY STATE PRISON SOOS LAKE EARL DR. CRESCENT CITY. CA 95532 (767)465-1000 of 11 Start date: 12/06/2007 Order Stop date: 02/01/2008  LICAN BAY STATE PRISON SOOS LAKE EARL DR. CRESCENT CITY. CA 95532 (767)465-1000 of 11 Start date: 12/06/2007 Order Stop date: 02/01/2007	Date/Time:  URGENT ROUTINE  (within 24 hours) (within 14 calendar days)  PELICAN BAY STATE PRISON S985 LAKE EARL DR. CRESCENT CITY. CA 95532 (787)465- CHITTION: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON DIER THAN THE PATIENT FOR WHON IT HAS PRESCRIBED.  BLOODSAW. THEOPERIC CDC Number: P20045 BB U20 PRESCRIBED: CHERYL MALO-CLINES.+ RX#: 87618 RPH: pl NDC: 80505006500 Displansed: 03266/07 mfg: APOTEX USA OMEPRAZOLE 20 MG CAPSULE DR DESES: 30 X 1CAPS
PELICAN BAY STATE PRISON 5905 LAKE EARL DR. CRESCENT CITY. CA 95532 (767)465-1808 CHUTTON: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRIE TO ANY PERSON OTHER THAN THE PATTENT FOR WHOM IT WAS PRESCRIBED.  LOODSAM, THEOPRIC CDC Number: P20045 ADSE 01-L THESE THAN 139585 RPH: pbjms DCC 6050506500 Dispensed: 12/05/07 mfg: APOTEX USA\INC MEPRAZOLE 20 MG CAPSULE DR DOSES: 30 X 1CAPS AKE 1 CAPSULE DR BY MOUTH DAILY EVERY DAY for stomach order Stant date: 11/06/2007 Order Stop date: 02/01/2008  ofill Start date: 12/07/07  LICHM BAY STATE PRISON 5905 LAKE EARL DR. CRESCENT CITY. CA 95532 (767)469-1608 CHUTION: FEBERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATTENT FOR WHOM IT WAS PRESCRIBED.  DDSAW, THEOPRIC CDC Number: P20045 B8 U209-L SCHIBERT CHERYL MALO-CLINES, + RX#: 80444 RPH: pbjsd : 49483004101 Dispensed: 03/26/07 mfg: TIME CAP LABS DEPTATION OF SA DOSES: 30 X 1CAPS ET 1 CAPSULE SA BY MOUTH DAILY EVERY DAY  OFF Start date: 12/29/2006 Order Stop date: 05/01/2007	Date/Time:  URGENT ROUTINE  (within 24 hours) (within 14 calendar days)  PELICAN BAY STATE PRISON S985 LAKE EARL DR. CRESCENT CITY. CA 95532 (787)465- CHITTION: FEDERAL LOW PROMISETS THE TRANSFER OF THIS DRUG TO ANY PERSON DIHER THAN THE PATIENT FOR WHICH IT WAS PRESCRIBED.  BLOODSAW. THEOPRIC CDC Number: P20045 B8 U2: PRESCRIBED: CHERYL MALO-CLINES, + RX#: 87618 RPH: pl NDC: 805050065500 Dispensed: 03/26/07 infg: APOTEX USA OMEPRAZOLE 20 MG CAPSULE DR DOSES: 30 X ICAPS TAKE 1 CAPSULE DR BY MOUTH DAILY EVERY DAY. Order Start date: 12/26/2006 Order Stop date: 05/01/2007
PEL CORN BAY STATE PRISON 5905 LAKE EARL DR. CRESCENT CITY. CA 9532 (767)465-1006 CHUTTON: FEDERAL LAM PROHIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM IT WAS PRESCRIBED.  PLOODSAM, THEOPRIC CDC Number: P20045 ADSE 01-1 PRESCRIBER: CHERYL MALO-CLINES, FNRX#: 139585 RPH: pbjms DISPORTED TO DISPORTED TO THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER PRAZOLE 20 MG CAPSULE DR DOSES: 30 X ICAPS AKE 1 CAPSULE DR BY MOUTH DAILY EVERY DAY for stomach OTHER Stant date: 11/06/2007 Order Stop date: 02/01/2008 DESCRIBED TO DESCRIBE TO THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM IT WAS PRESCRIBED.  DESAW, THEOPRIC CDC Number: P20045 SCHIBERT CHERYL MALO-CLINES, + RX#: 88444 CHUTION: FEDERAL LAM PROHIBIS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM IT WAS PRESCRIBED.  DESAW, THEOPRIC CDC Number: P20045 SCHIBERT CHERYL MALO-CLINES, + RX#: 88444 CHERYL MALO	Date/Time:  URGENT ROUTINE  (within 24 hours) (within 14 calendar days)  PELICAN SAY STATE PRISON S905 LAKE EARL DR. CRESCENT CITY. CA 95532 (707)465- COULTION: FEDERAL LAW PROBLETS THE TRANSFER OF THIS DRUG TO ANY PERSON DINER THAN THE PATIENT FOR WHON IT WAS PRESCRIBED.  BLOODSAW. THEOPRIC CDC Number: P20045 BB U20 PRESCRIBED: PRESCRIBED:  BLOODSAW. THEOPRIC CDC Number: P20045 BB U20 PRESCRIBED: BB U20 PRESCRIBED: Displansed: 03/26/07 mfg: APOTEX USA OMEPRAZOLE 20 MG CAPSULE DR D05ES: 30 X ICAPS TAKE 1 CAPSULE DR BY MOUTH DAILY EVERY DAY Order Start date: 12/26/2006 Order Stop date: 05/01/2007 Refill Start date: 93/26/07
PELICAN BAY STATE PRISON 5905 LAKE EARL DR. CRESCENT CITY. CA 95532 (707)465-1006 CHUTTON: FEDERAL LAW PROWIBITS THE TRANSFER OF THIS DRIE TO ANY PERSON OTHER THAN THE PATTENT FOR WHOM IT WAS PRESCRIBED.  LEODSAM, THEOPRIC CDC Number: P20045 ADSE 01-L TESCTIBER: CHERYL MALO-CLINES, FNRX#: 139585 RPH: pbjms DC. 6050506500 Dispensed: 12/05/07 mfg: APOTEX USA INC MEPRAZOLE 20 MS CAPSULE DR DOSES: 30 X 1CAPS AKE 1 CAPSULE DR BY MOUTH DAILY EVERY DAY for stomach order Start date: 11/06/2007 Order Stop date: 02/01/2008 ofill Start date: 12/07/07  CHUTTON: FEBERAL LAW PROWIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CHUTTON: FEBERAL LAW PROWIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CHUTTON: FEBERAL LAW PROWIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CHUTTON: FEBERAL LAW PROWIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CHUTTON: FEBERAL LAW PROWIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CHUTTON: FEBERAL LAW PROWIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CHUTTON: FEBERAL LAW PROWIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CHUTTON: FEBERAL LAW PROWIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CHUTTON: FEBERAL LAW PROWIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CHUTTON: FEBERAL LAW PROWIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CHUTTON: FEBERAL LAW PROWIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CHUTTON THE PATTENT FOR WHOM IT WAS PRESCRIBED.  DOSAH, THEOPRIC  CDC Number: P20045  BB U209-L SCRIBER CHERYL MALO-CLINES, R X#: 88444  RPH: pbjsd 4483004101  Dispensed: 03/26/07  MG: TIME CAP LABS DRPHENTRAMINE 8MG CAP SA DOSES: 30 X ICAPS E1 CAPSULE SA BY MOUTH DAILY EVERY DAY  SET START DATE: 3/26/07	Date/Time:  URGENT ROUTINE  (within 24 hours) (within 14 calendar days)  PELICAN BAY STATE PRISON 5985 LAKE EARL DR. CRESCENT CITY. CA 95532 (787)465- CHITTON: FEDERAL LAW PROMIBITS THE TRANSFER OF (MIS DRUG TO ANY PERSON DINER THAN THE PATIENT FOR WHICH IT HAS PRESCRIBED.  8LOODSAW, THEOPRIC CDC Number: P20045 B8 U20 PRESCRIBER: PRESCRIBED.  NDC: S0505006500 Displansed: 03/26/07 mfg: APOTEX USA OMEPRAZOLE 20 MG CAPSULE DR DOSES: 30 X 1CAPS TAKE 1 CAPSULE DR BY MOUTH DAILLY EVERY DAY .  Order Start date: 12/26/2006 Order Stop date: 05/01/2007 Refill Start date: 03/25/07
PERIODS BAY STATE PRISON SOOS LAKE EARL DR. CRESCENT CITY. CA 95832 (787)465-1806 CHUTTON: FEDERAL LAW PROWIBITS THE TRANSFER OF THIS DRIE TO ANY PERSON OTHER THAN THE PATTENT FOR WHOM IT WAS PRESCRIBED.  LEODSAM, THEOPRIC CDC Number: P20045 ADSE 01-L TESTITION: CHERYL MALO-CLINES, FNRX#: 139585 RPH: pbjms DC. 665050606500 Dispensed: 12/05/07 mfg: APOTEX USA INC MEPRAZOLE 20 MG CAPSULE DR DOSES: 30 X 1CAPS AKE 1 CAPSULE DR BY MOUTH DAILY EVERY DAY for stomach order Start date: 11/06/2007 Order Stop date: 02/01/2008  ofill Start date: 12/07/07  CHUTTON: PEDERAL LAW PROWIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CHUTTON: PEDERAL LAW PROWIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CHUTTON: PEDERAL LAW PROWIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CHUTTON: PEDERAL LAW PROWIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CHUTTON: PEDERAL LAW PROWIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CHUTTON: PEDERAL LAW PROWIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CHUTTON: PEDERAL LAW PROWIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CHUTTON: PEDERAL LAW PROWIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CHUTTON: PEDERAL LAW PROWIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CHUTTON: PEDERAL LAW PROWIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CHUTTON: PEDERAL LAW PROWIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CHUTTON: PEDERAL LAW PROWIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CHUTTON: PEDERAL LAW PROWIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CHUTTON: PEDERAL LAW PROWIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CHUTTON: PEDERAL LAW PROWIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CHUTTON: PEDERAL LAW PROWIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CHUTTON: PEDERAL LAW PROWIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CHUTTON: PEDERAL LAW PROWIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CHUTTON: PEDERAL LAW PROWIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CHUTTON: PEDERAL LAW PROWIES TO ANY PERSON CHUTTON: PEDERAL LAW PROWIES TO ANY PERSON CHUTTON: PEDERAL LAW PROWIES TO ANY PERSON CHUTTON: PEDERAL L	Date/Time:  URGENT ROUTINE  (within 24 hours) (within 14 calendar days)  PELICAN BAY STATE PRISON 5905 LAKE EARL DR. CRESCENT CITY. CA 95532 (787)465- COULTION: FEDERAL LAW PROMIBITS THE TRANSFER OF (MIS DRUG TO ANY PERSON DINER THAN THE PATIENT FOR HIGH IT HAS PRESCRIBED.  8LOODSAW, THEOPRIC CDC Number: P20045 B8 U20 PRESCRIBED: PRESCRIBED: Dispansed: 03/26/07 mfg: APOTEX USA OMEPRAZOLE 20 MG CAPSULE DR DOSES: 30 X 1CAPS TAKE 1 CAPSULE DR BY MOUTH DAILLY EVERY DAY. Order Start date: 12/26/2006 Order Stop date: 05/01/2007 Refill Start date: 03/26/07
PELICAN BAY STATE PRISON SOOS LAKE EARL DR. CRESCENT CITY. CA 9532 (787)465-1806 CHUTTOR: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS BRUG TO ANY PERSON OTHER THAN THE PATTENT FOR WHOM IT WAS PRESCRIBED.  LGODSAM, THEOPRIC CDC Number: P20045 ADSE 01-t TESCTIBER: CHERYL MALO-CLINES, FNRX#: 139585 RPH: pbjms DESCRIBER: CHERYL MALO-CLINES, FNRX#: 139585 RPH: pbjms DESCRIBED DR DY MOUTH DAILY EVERY DAY for stomach AKE 1 CAPSULE DR BY MOUTH DAILY EVERY DAY for stomach OFFICE Start date: 11/06/2007 Drder Stop date: 02/01/2008 OFFICE Start date: 12/07/07  LICHN BHY STATE PRISON SOOS LAKE EARL DR. CRESCENT CITY, CA 95532 (787)468-1006 CHUTTON: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON  DESCRIBED DR DO DO  CHUTTON: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON  DESCRIBED DR DO DO  CHUTTON: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON  DESCRIBED DR DO DO  CHUTTON: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON  DESCRIBED DR DO DO  CHUTTON: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON  AND ANY STATE PRISON SOOS LAKE EARL DR. CRESCENT CITY, CA 95532 (707)465-1-06  AND BAY STATE PRISON SOOS LAKE EARL DR. CRESCENT CITY, CA 95532 (707)465-1-06  AND BAY STATE PRISON SOOS LAKE EARL DR. CRESCENT CITY, CA 95532 (707)465-1-06  AND BAY STATE PRISON SOOS LAKE EARL DR. CRESCENT CITY, CA 95532 (707)465-1-06  OTHER THAN THE PRISON SOOS LAKE EARL DR. CRESCENT CITY, CA 95532 (707)465-1-06  AND BAY STATE PRISON SOOS LAKE EARL DR. CRESCENT CITY, CA 95532 (707)465-1-06  OTHER THAN THE PRISON SOOS LAKE EARL DR. CRESCENT CITY, CA 95532 (707)465-1-06  OTHER THAN THE PRISON SOOS LAKE EARL DR. CRESCENT CITY, CA 95532 (707)465-1-06  OTHER THAN THE PRISON SOOS LAKE EARL DR. CRESCENT CITY, CA 95532 (707)465-1-06  OTHER THAN THE PRISON SOOS LAKE EARL DR. CRESCENT CITY, CA 95532 (707)465-1-06	Date/Time:  URGENT ROUTINE  (within 24 hours) (within 14 calendar days)  PELICAN BAY STATE PRISON 5905 LAKE EARL DR. CRESCENT CITY, CA 95532 (707)465- COULTION: FEDERAL LAW PROMIBITS THE TRANSFER OF (MIS DRUG TO ANY PERSON DINER THAN THE PATIENT FOR HIGH IT HAS PRESCRIBED.  8LOODSAW, THEOPRIC CDC Number: P20045 B9 U20 PRESCRIBED: NDC: S0505006500 Displansed: 03/26/07 Infg: APOTEX USA OMEPRAZOLE 20 MG CAPSULE DR DOSES: 30 X 1CAPS TAKE 1 CAPSULE DR BY MOUTH DAILLY EVERY DAY Order Start date: 12/26/2006 Order Stop date: 05/01/2007 Refill Start date: 03/26/07
PELIGIN BAY STATE PAISON SOOS LIKE EARL DR. CRESCENT CITY. CA 95532 (767)465-1000 CHUTTON: FEDERAL LAW PROBLETS THE TRANSFER OF THIS DRIE TO ANY PERSON OTHER THAN THE PATEENT FOR WHOM IT WAS PRESCRIBED.  LOODSAM, THEOPRIC CDC Number: P20045 ADSE 01-L DC 6050506500 Dispensed: 12/05/07 mfg: APOTEX USA\INC MEPRAZOLE 20 MG CAPSULE DR DOSES: 30 X 1CAPS AKE 1 CAPSULE DR BY MOUTH DAILY EVERY DAY for stomach order Start date: 11/06/2007 Order Stop date: 02/01/2008 ofill Start date: 12/07/07  LICAN BHY STATE PRISON SOOS LAKE EARL DR. CRESCENT CITY. CA 95532 (767)465-1000 OTHER THAN THE PATEENT FOR WHOM IT WAS PRESCRIBED.  DOSAW, THEOPRIC CDC Number: P20045 CHUTTON: FEBERAL LAW PROBLES; H RX#: 8844 RPH: pbjsd 149483004101 Dispensed: 03/26/07 mfg: TIME CAP LABS DET CAPSULE SA BY MOUTH DAILY EVERY DAY  BET START date: 12/29/2006 Order Stop date: 05/01/2007  AND STATE PRISON SOOS LAKE EARL DR. CRESCENT CITY. CA 95532 (767)465-1000 DET CHERTLAND THE PATEENT FOR WHOM IT WAS PRESCRIBED.  DOSAW, THEOPRIC CDC Number: P20045 BB U209-L BET START date: 12/29/2006 Order Stop date: 05/01/2007  AND BAY STATE PRISON SOOS LAKE EARL DR. CRESCENT CITY. CA 95532 (767)465-1000 DOSAW, THEOPRIC CDC Number: P20045  CDC Number: P20045	Date/Time:  URGENT ROUTINE  (within 24 hours) (within 14 calendar days)  PELICAN BRY STATE PRISON S985 LAKE EARL DR. CRESCENT CITY. CA 95532 (787)465-18  CHUTION: FEDERAL LAW PROMIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON DINER THAN THE PATIENT FOR WHON IT WAS PRESCRIBED.  BLOODSAW. THEOPRIC CDC Number: P20045 BB U20  PRESCRIBER: CHERYL MALO-CLINES, + RX#: 87618 RPH: pt NDC: S0505066500 Dispensed: 03/26/07 mfg: APOTEX USA  OMEPRAZOLE 26 MG CAPSULE DR Dese: 30 x 1CAPS TAKE 1 CAPSULE DR BY MOUTH DAILY EVERY DAY.  Order Start date: 12/26/2006 Order Stop date: 05/01/2007  Refill Start date: 03/26/07  PELICANI BRY STATE PRISON S985 LAKE EARL DR. CRESCENT CITY. CA 95532 (707)465-16  OTHER THAN THE PATIENT FOR MINOR THES PRESCRIBED.
PELICHE BAY STRIE PRISON 5905 LIKE EARL DR. CRESCENT CITY. CA 9532 (767)465-1006 CRUTTON: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM IT WAS PRESCRIBED.  PLOODSAM, THEOPRIC CDC Number: P20045 ADSE 01-1 PRESCRIBER: CHERYL MALO-CLINES, FNRX#: 139585 RPH: pbjms DCC 6050506500 Dispensed: 12/05/07 mfg: APOTEX USA\INC MMEPRAZOLE 20 MG CAPSULE DR DOSES: 30 X 1CAPS AKE 1 CAPSULE DR BY MOUTH DAILY EVERY DAY for stomach Order Stant date: 11/06/2007 Order Stop date: 02/01/2008  DISPENSE OF THIS DRUG TO ANY PERSON OTHER THAN THE PRISON 5905 LAKE EARL DR. CRESCENT CITY. CA 95532 (767)469-1608 CRUTTON: FEBERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOT IT WAS PRESCRIBED.  DDSAW, THEOPRIC CDC Number: P20045 B8 U209-L SCRIBER CHERYL MALO-CLINES, + RX#: 88444  RPH: pbjsd E1 CAPSULE SA BY MOUTH DAILY EVERY DAY  BY STATE PRISON S905 LAKE EARL DR. CRESCENT CITY. CA 95532 (767)469-1008  CRPHENIRAMINE 8MG CAP SA DOSES: 30 X 1CAPS DE 1 CAPSULE SA BY MOUTH DAILY EVERY DAY  BY STATE PRISON S905 LAKE EARL DR. CRESCENT CITY. CA 95532 (767)469-1000  CAM BAY STATE PRISON S905 LAKE EARL DR. CRESCENT CITY. CA 95532 (767)469-1000  CAM BAY STATE PRISON S905 LAKE EARL DR. CRESCENT CITY. CA 95532 (767)469-1000  CAM BAY STATE PRISON S905 LAKE EARL DR. CRESCENT CITY. CA 95532 (767)465-1000  CAM BAY STATE PRISON S905 LAKE EARL DR. CRESCENT CITY. CA 95532 (767)465-1000  CAM BAY STATE PRISON S905 LAKE EARL DR. CRESCENT CITY. CA 95532 (767)465-1000  CAM BAY STATE PRISON S905 LAKE EARL DR. CRESCENT CITY. CA 95532 (767)465-1000  CAM BAY STATE PRISON S905 LAKE EARL DR. CRESCENT CITY. CA 95532 (767)465-1000  CAM BAY STATE PRISON S905 LAKE EARL DR. CRESCENT CITY. CA 95532 (767)465-1000  CAN BAY STATE PRISON S905 LAKE EARL DR. CRESCENT CITY. CA 95532 (767)465-1000  CAN BAY STATE PRISON S905 LAKE EARL DR. CRESCENT CITY. CA 95532 (767)465-1000  CAN BAY STATE PRISON S905 LAKE EARL DR. CRESCENT CITY. CA 95532 (767)465-1000  CAN BAY STATE PRISON S905 LAKE EARL DR. CRESCE	Date/Time:  URGENT ROUTINE  (within 24 hours) (within 14 calendar days)  PELICAN BAY SINTE PRISON S905 LAKE EARL DR. CRESCENT CITY. CA 95532 (707)465-CHITTION: FEDERAL LAW PROPHIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON DINER THAN THE PATIENT FOR HIGH IT HAS PRESCRIBED.  BLOODSAW, THEOPRIC CDC Number: P20045 BB U20 PRESCRIBED: CHERYL MALO-CLINES; + RX#: 87618 RPH: pt NDC: 80505006500 Dispansed: 03/26/07 mfg: APOTEX USA OMEPRAZOLE 20 MG CAPSULE DR D05ES: 30 X 1CAPS TAKE 1 CAPSULE DR BY MOUTH DAILY EVERY DAY.  Order Start date: 12/26/2006 Order Stop date: 05/01/2007 Refill Start date: 03/26/07  PLICANI BAY STATE PRISON 5905 LAKE EARL DR. CAESCENT CITY. CA 95532 (707)465-180 (707)465-1
Fill Start date:  PELICIAN BAY STATE PRISON SOS LIKE EARL DR. CRESCENT CITY. CA 95532 (787)465-1006 CAUTION: FEDERAL DAY PRATIENT FOR WHOM IT HAS PRESCRIBED.  PELICIAN BAY STATE PRISON SOS LIKE EARL DR. CRESCENT CITY. CA 95532 (787)465-1006 CHERYL MALO-CLINES, FNRX#: 139585 RPH: pbjmathc. 605505060 Dispensed: 12/05/07 mfg: APOTEX USA INCOMPRENZOLE 20 MG CAPSULE DR DOSES: 30 X 1CAPS AKE 1 CAPSULE DR BY MOUTH DAILY EVERY DAY for stomach order Start date: 11/06/2007 Order Stop date: 02/01/2008 CHILI Start date: 12/07/07  LICHIN BAY STATE PRISON SOS LAKE EARL DR. CRESCENT CITY. CA 95532 (787)468-1006 CHUTION: PEDERAL LAW PROMIBILS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PRISINT START HAS PRESCRIBED.  DESAND. THEOPRIC CDC Number: P20045 BB U209-L SCRIBED COPPOSED CO	Date/Time:  URGENT ROUTINE  (within 24 hours) (within 14 calendar days)  PELICAN BRY STRITE PRISON 5985 LAKE EARL DR. CRESCENT CITY, CA 95532 (787)465-166 CHITTON: FEDERAL LAW PROPHIETS THE TRANSFER OF (MIS DRUG TO ANY PERSON DINER THAN THE PATIENT FOR HIGH IT HAS PRESCRIBED.  BLOODSAW, THEOPRIC CDC Number: P20045 B8 U20 PRESCRIBER: CHERYL MALO-CLINES, + RX#: 87618 RPH: pb NDC: 60505060500 Dispansed: 03/26/07 mfg: APOTEX USA OMEPRAZOLE 20 MG CAPSULE DR D05ES: 30 X 1CAPS TAKE 1 CAPSULE DR BY MOUTH DAILY EVERY DAY OF DOTAR STATE PRISON 5985 LAKE EARL DR. CRESCENT CITY, CA 95532 (787)465-166 CAUTION: FEDERAL LAW PROPHIBITS THE PRANSFER OF THIS DRUG TO ANY PERSON  PLICANI BAY STATE PRISON 5985 LAKE EARL DR. CRESCENT CITY, CA 95532 (787)465-166 CAUTION: FEDERAL LAW PROPHIBITS THE PRANSFER OF THIS DRUG TO ANY PERSON  PELICANI BAY STATE PRISON 5985 LAKE EARL DR. CRESCENT CITY, CA 95532 (787)465-166 CAUTION: FEDERAL LAW PROPHIBITS THE PRANSFER OF THIS DRUG TO ANY PERSON  PELICANI BAY STATE PRISON 5985 LAKE EARL DR. CRESCENT CITY, CA 95532 (787)465-166 CAUTION: FEDERAL LAW PROPHIBITS THE PRANSFER OF THIS DRUG TO ANY PERSON  PELICAN BAY STATE PRISON 5985 LAKE EARL DR. CRESCENT CITY, CA 95532 (787)465-166 CAUTION: FEDERAL LAW PROPHIBITS THE PRANSFER OF THIS DRUG TO ANY PERSON  PELICAN BAY STATE PRISON 5985 LAKE EARL DR. CRESCENT CITY CA 95532 (787)465-166  CAUTION: FEDERAL LAW PROPHIBITS THE PROPHIBITS T
PELICAN BAY STATE PRISON SOOS LAKE EARL DR. CRESCENT CITY. CA 95832 (787)465-1006 CAUTION: FEDERAL LAW PROMISITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM IT HAS PRESCRIBED.  LEGODSAM, THEOPRIC CDC Number: P20045 ADSE 01-L TESCLIBER: CHERYL MALO-CLINES, FNRX#: 139585 RPH: pbjm DC 605003006500 Dispensed: 12/05/07 mfg: APOTEX USA INC MEPRAZOLE 20 MG CAPSULE DR DOSES: 30 X 1CAPS AKE 1 CAPSULE DR BY MOUTH DAILY EVERY DAY for stomach reder Start date: 11/06/2007 Order Stop date: 02/01/2008 of 11 Start date: 12/07/07  LICHN BHY STATE PRISON SOOS LAKE EARL DR. CRESCENT CITY. CA 95532 (787)468-1000 CHUTION: FEBERAL LAW PROMISITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM IT HAS PRESCRIBED.  DESAM, THEOPRIC CDC Number: P20045 SCHIBER CHERYL MALO-CLINES, + RX#: 88444 RPH: pbjsd CAPSULE SA BY MOUTH DAILY EVERY DAY OTHER THAN THE PATIENT FOR HID IT HAS PRESCRIBED.  DESAM BAY STATE PRISON SOOS LAKE EARL DR. CRESCENT CITY. CA 95532 (797)468-1000 CHUTION: FEBERAL LAW PROMISITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PRISON SOOS LAKE EARL DR. CRESCENT CITY. CA 95532 (797)468-1000 CHUTION: FEBERAL LAW PROMISITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER HIM THE PATIENT FOR WHOM IT HAS PRESCRIBED.  CAN BAY STATE PRISON SOOS LAKE EARL DR. CRESCENT CITY. CA 95532 (797)468-1000 CHERT HIM THE PATIENT FOR WHOM IT HAS PRESCRIBED.  CAN BAY STATE PRISON SOOS LAKE EARL DR. CRESCENT CITY. CA 95532 (797)468-1000 CHERT HIM THE PATIENT FOR WHOM IT HAS PRESCRIBED.  CAN BAY STATE PRISON SOOS LAKE EARL DR. CRESCENT CITY. CA 95532 (797)468-1000 CHERT HIM THE PATIENT FOR WHOM IT HAS PRESCRIBED.  CAN BAY STATE PRISON SOOS LAKE EARL DR. CRESCENT CITY. CA 95532 (797)468-1000 CHERT HIM THE PATIENT FOR WHOM IT HAS PRESCRIBED.  CAN BAY STATE PRISON SOOS LAKE EARL DR. CRESCENT CITY. CA 95532 (797)468-1000 CHERT HIM THE PATIENT FOR WHOM IT HAS PRESCRIBED.  CAN BAY STATE PRISON SOOS LAKE EARL DR. CRESCENT CITY. CA 95532 (797)468-1000 CHERT HIM THE PATIENT FOR WHOM IT HAS PRESCRIB	Date/Time:  URGENT ROUTINE  (within 24 hours) (within 14 calendar days)  PELICAN BAY STATE PRISON 5985 LAKE EARL DR. CRESCENT CITY. CA 95532 (787) 465-CHITTON: FEDERAL LAW PROPHIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON DIMER THAN THE PATIENT FOR WHON IT WAS PRESCRIBED.  BLOODSAW. THEOPRIC CCC Number: P20045 B8 U20 Prescriber: CHERYL MALO-CLINES, + RX#: 87618 RPH: pt NDC: 80505006500 Dispensed: 03/26/07 mfg: APOTEX USA OMEPRAZOLE 20 MG CAPSULE DR DOSES: 30 X 1CAPS TAKE 1 CAPSULE DR BY MOUTH DAILY EVERY DAY.  Order Start date: 12/26/2006 Order Stop date: 05/01/2007 Refill Start date: 03/26/07  BLOODSAW, THEOPRIC CDC Number: P20045 B8 U2097 Refill Start date: 05/01/2007 Refill Start dat
FELLIAM BAY STATE PRISON 5965 LAKE EARL DR. CRESCENT CITY. CA 95532 (787)465-1006 CHUTTON: FOREAL LAW PROMIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CHUTTON: FOREAL LAW PROMIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON PLEDODSAM. THEOPRIC CLC CDC Number: P20045 ADSE 01-L PLESCITEDER: CHERYL MALO-CLINES, FNRX#: 139585 RPH: pbjm ADSE 01-L PLESCITEDER: CHERYL MALO-CLINES, FNRX#: 139585 RPH: pbjm ADSE 01-L PLESCITEDER: CHERYL MALO-CLINES, FNRX#: 139585 RPH: pbjm ADSE 01-L PLESCITEDER: CHERYL MALO-CLINES, FNRX#: 139585 RPH: pbjm ADSE 01-L PLESCITEDER: CHERYL DR. DOSES: 30 X 1CAPS CAUTION: PEDERAL LAW PROMIBITS THE TRANSFER OF THIS DRUG TO ANY PEDSON CAUTION: PEDERAL LAW PROMIBITS THE TRANSFER OF THIS DRUG TO ANY PEDSON CAUTION: PEDERAL LAW PROMIBITS THE TRANSFER OF THIS DRUG TO ANY PEDSON CONSAM. THEOPRIC CDC Number: P20045 SCRIBER: CHERYL MALO-CLINES, + RX#: 88444 RPH: pbjsd CRYPHENIRAMINE SMG CAP SA DOSES: 30 X 1CAPS ET CAPSULE SA BY MOUTH DAILY EVERY DAY CAUTION: PEDERAL LAW PROMIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CAUTION: PEDERAL LAW PROMIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CAUTION: PEDERAL LAW PROMIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CAUTION: PEDERAL LAW PROMIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CAUTION: PEDERAL LAW PROMIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CAUTION: PEDERAL LAW PROMIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CAUTION: PEDERAL LAW PROMIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON CAUTION: PEDERAL LAW PROMIBER TO ANY PERSON CAUTION	Date/Time:  URGENT ROUTINE  (within 24 hours) (within 14 calendar days)  PELICAN BAY STATE PRISON 5985 LAKE EARL DR. CRESCENT CITY. CA 95532 (787)465-100 CHITTON: FEDERAL LAW PROBLETS THE TRANSFER OF THIS DRUG TO ANY PERSON DIRECTION OF THE THAN THE PATIENT FOR WHICH IT HAS PRESCRIBED.  BLOODSAW, THEOPRIC CDC Number: P20045 B8 U20 Prescriber: CHERYL MALO-CLINES, + RX#: 87618 RPH: pb NDC: 69595006590 Dispensed: 03/26/07 mfg: APOTEX USA OMEPRAZOLE 20 MG CAPSULE DR D05ES: 30 X 1CAPS TAKE 1 CAPSULE DR BY MOUTH DAILY EVERY DAY.  Order Start date: 12/26/2006 Order Stop date: 05/01/2007 Refill Start date: 03/26/07  BLOODSAW, THEOPRIC CDC Number: P20045 B8 U2097 Refill Start date: 03/26/07  BLOODSAW, THEOPRIC CDC Number: P20045 B8 U2097 Prescriber: CHERYL MALO-CLINES, + RX#: 87619 RPH: pb; NDC: 00093014805 Dispensed: 03/26/07 mfg: TEVA U50 NAPROXEN 375 MG TABLET DOSES: 60 X 11ABL TAKE 1 TABLET BY MOUTH TWICK DATUM AS NEEDED take one pill twice a day
PELICIPA BAY STATE PRISON SOS LAKE EARL DR. CRESCENT CITY. CA 95532 (787)465-1006 CAUTION: FEDERAL LAW PROPRIETS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM IT HAS PRESCRIBED.  PLEGODSAM. THEOPRIC CDC Number: P20045 PRESCRIBED.  PRESCRIBERT: CHERYL MALO-CLINES, FNRX#: 139585 RPH: pbjm HDC 66505006500 Dispensed: 12/05/07 mfg: APOTEX USA INC MAEPRAZOLE 20 MG CAPSULE DR DOSES: 30 X 1CAPS TAKE 1 CAPSULE DR BY MOUTH DAILY EVERY DAY for stomach Order Start date: 11/06/2007 Order Stop date: 02/01/2008  Refill Start date: 12/07/07  LICHAN BHY STATE PRISON SOS LAKE EARL DR. CRESCENT CITY. CA 95532 (787)468-1000 CHUTION: PEDERAL LAW PROMIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM IT HAS PRESCRIBED.  DOSAM. THEOPRIC CDC Number: P20045 BB U209-L BSCRIBER: CHERYL MALO-CLINES, + RX#: 88444 RPH: pbjsd CRUTION: PEDERAL LAW PROMIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON E1 CAPSULE SA BY MOUTH DAILY EVERY DAY  LICHAN BAY STATE PRISON SOS LAKE EARL DR. CRESCENT CITY. CA 95532 (797)465-1000  CAUTION: FEDERAL LOW PROMIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PIETTED TO MIND THAN PERSON OTHER THAN THE PIETTED SON SOS LAKE EARL DR. CRESCENT CITY. CA 95532 (797)465-1000  CAUTION: FEDERAL LOW PROMIBITS THE TRANSFER OF THIS DRUG TO MAY PERSON OTHER THAN THE PIETTED MIND THAN PRESCRIBED.  CAUTION: FEDERAL LOW PROMIBITS THE TRANSFER OF THIS DRUG TO MAY PERSON OTHER THAN THE PIETTED SON SOS LAKE EARL DR. CRESCENT CITY. CA 95532 (797)465-1000  CAUTION: FEDERAL LOW PROMIBITS THE TRANSFER OF THIS DRUG TO MAY PERSON OTHER THAN THE PIETTED SON SOS LAKE EARL DR. CRESCENT CITY. CA 95532 (797)465-1000  CAUTION: FEDERAL LOW PROMIBITS THE TRANSFER OF THIS DRUG TO MAY PERSON OTHER THAN THE PIETTED SON SOS LAKE EARL DR. CRESCENT CITY. CA 95532 (797)465-1000  CAUTION: FEDERAL LOW PROMISES THE TRANSFER OF THIS DRUG TO MAY PERSON OTHER THAN THE PIETTED SON SOS LAKE EARL DR. CRESCENT CITY. CA 95532 (797)465-1000  CAUTION: FEDERAL LOW PROMISES THE TRANSFER OF THIS DRUG TO M	Date/Time:  URGENT ROUTINE  (within 24 hours) (within 14 calendar days)  PELICAN BAY STATE PRISON 5995 LAKE EARL DR. CRESCENT CITY. CA 95532 (787)465-1600 (MITTON) FEDERAL LAW PROWIETS THE TRANSFER OF (MIS DRUG TO ANY PERSON DINER THAN THE PATIENT FOR WHOM IT WAS PRESCRIBED.  BLOODSAW. THEOPRIC CDC Number: P20045 B8 U200 (Prescriber: CHERYL MALO-CLINES, + RX#: 87618 RPH: pb NDC: 80505006500 Dispensed: 03/26/07 mfg: APOTEX USA OMEPRAZOLE 20 MG CAPSULE DR DOSES: 30 X 1CAPS TAKE 1 CAPSULE DR BY MOUTH DAILY EVERY DAY.  Order Start date: 12/26/2006 Order Stop date: 05/01/2007 Refill Start date: 03/26/07  BLOODSAW, THEOPRIC CDC Number: P20045 B8 U2097 Refill Start date: 03/26/07  BLOODSAW, THEOPRIC CDC Number: P20045 Prescriber: CHERYL MALO-CLINES, + RX#: 87619 RPH: pb is NDC: 00093014805 Dispensed: 03/26/07 mfg: TEVA US NAPROXEN 375 MG TABLET DOSES: 60 X 1TABL TABLET BY MOUTH THICK DATUE SC NEEDED THE STARL TO SEE TO TABLET BY MOUTH THICK DATUE SC NEEDED THE STARL TO SEE TO TABLET BY MOUTH THICK DATUE SC NEEDED THE STARL TO SEE TO TABLET BY MOUTH THICK DATUE SC NEEDED THE STARL TO SEE TO TABLET BY MOUTH THICK DATUE SC NEEDED THE STARL TO SEE TO TABLET BY MOUTH THICK DATUE SC NEEDED THE STARL TO SEE TO SEE TO TABLET BY MOUTH THICK DATUE SC NEEDED THE STARL TO SE SEEDED THE SEARCH

PART I: TO BE COMPLETED BY THE	PATIENT				-··
If you believe this to be an urgent/emergent	health care no	eed. contact	the correction	mal officer on duty	
REQUEST FOR: MEDICAL PSYCH	ILATRY 🗆	MENTAL	HEALTH [	DENTAL   PHARM	ACV m
NAME: Blood CALITLEON	· CDC#		71	HOUSING: DV 2	1101 les
PHARMACY REFILL #	<u> </u>	1200	43	100 2	09
THE REASON YOU WANT HEALTH CARE.	(DESCRIBE	VOUR HEA	THE PROPER	rmacy, place labels on back	of form*
HAD THE PROBLEM)	(DEBCREDE	TOOKTEA	LIIII KOBLE	IN AND HOW LONG YOU	HAVE
Malietin - Fill No		~ 11 a	- 11 · 1	· ^	
Medication retill, Nas	ONEX. J	0 140	- Nasal	Spray, Omepra	2010
20 MG Capsule, Docusato	esodiu	m 250	MG CAN	O. Chlorohenir	ring i Mass
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oras Ar., Naystoxens	11.11	· Iable	7		
PATIENT'S SIGNATURE: T. Blenossa	w		DATE: 2	-25-07	· · · · · · · · · · · · · · · · · · ·
PART II: TO BE COMPLETED BY THE	E TRIAGE R	RN/RDA/M	TA		, ,
Date & Time Received	60 65533 13	42)465 :1896	Receive	d by:	
Re PELICAN BAY STATE PRISON 5905 LAKE EARL DR. CRESCENT CAUTION: FEDERAL LAW PRONTBITS THE TRANSFER OF STATE OF THE THAN THE PATIENT FOR WHOM IT WE	THIS BRUG TO ANY F AS PRESCRIBED.	PERSON		Triage Designation:	
0	P20045	88 0562_r			
Prescriber: CHERYL MALO-CLINES, FNRX#: 8	7921 K	RPH: pbjsd — RING CORP			
NDC: 00085128801 Dispersed. oc. 200	M nTY: d				
NASDNEX 50 MCG NASAL SPRAY 17 GI 28PRAY TO NARE(S) DAILY EVERY DAY Pt wil	l order med wh	nen ne 			
O: needs it	date: 05/01/2	2007 _	WEIGH	<u>T:</u>	<del> </del>
PELICAN BAY STATE PRISON 5985 LAKE EARL DR. CRESCENT CITY OF PROBLEM FOR THIS DRUG CAUTION: FEBERAL DAY PROBLEM FOR WHOM IT WAS PRESCR CAUTION: FEBERAL THAN THE PATTENT FOR WHOM IT WAS PRESCR OTHER THAN THE PATTENT FOR WHOM IT WAS PRESCR COTT.	95532 (767)465 G TO AHY PERSON				
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BLOODSAW, THEOPRIC COC Number BY 18 B7618 Prescriber: CHERYL MALO-CLINES, + RX#: 87618 PRESCRIBER: CHERYL MALO-	as Henray and		Date:	124/67	
	- 101 /2007		Initials	C.	
TAKE 1 CAPSOLD 12/26/2006 Order Stop date	02/01/2001				
Order Start date: 12/26/07 Refill Start date: 02/26/07	(787)465-1000				
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Order Start date: 02/26/07 Refill Start date: 02/26/07  I  PELICAN BAY STATE PRISON 5905 LAKE EARL DR. CRESCENT CITY DR. CRESCENT CHAP THIS DRESCRIBED.  PELICAN BAY STATE PRISON 5905 LAKE EARL DR. CRESCENT CHAP THIS DRESCRIBED.  CRESCENT CHAPTER THE TRANSPER OF THE TRAN	mfg: RUGBY				
CDC Number: 87622  BLOODSAW, THEOPRIC MALO-CLINES + RX#: 87622  BLOODSAW, THEOPRIC MALO-CLINES + RX#: 87622  Dispensed: 02/26/07  DOSES: 30 X 1CAPS  PRO: 00536375710	med	Jate/11m			
Prescriber: CHECK DISPOSITION DOSES: 30 X 10 mill NDC: 00536375710 Pt Will NDC: 00536375710 Pt Will DAILY EVERY DAY Pt Will	order ""	URGE	_	ROUTINE 🔲	
BLOODSAW, THEOPRIL MALO-CLINES, 1 02/26/07  Prescriber: CHERYL MALO-CLINES, 1 02/26/07  Dispensed: 02/26/07  NDC: 00536375710  NDC: 0053636375710  NDC: 00536375710  NDC: 0053636375710  NDC: 00536375710  NDC: 005363	5/01/2007	<del></del>	24 hours)	(within 14 calendar days)	
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order Start date: 2/27/07 Refill Start date: 2/27/07	noV 5	JOIE PRISON 5985	LAKE EARL DR. CRE OHIBITS THE TRANSF OHIBITS HE FOR WHOM	THIS PRESCRIBED.  BB U209-L	
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01 1 1	Prescriber: NDC: 000936	614805	Disbeused. er	X ITABL AS NEEDED take one pill Stop date: 05/01/2007	أميا
Name: Bloods AW Theopric CI	NDC. SSS	TABLET	DUG-CATLY	AS NECEDET	50
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	TOKE WITH	FOOD			

TAKE WITH FOOD



#### Case 5:08-cv-03pt6-JFpatPentumentation 5iled 07/09/2008 Page 27 of 51

Health Care Services Unit Chrono

Name: BLOODSAW, THEOPRIC	CDC #: P200	45 Hsg: A	.02U 202L	Date: 08-23-2007	
Instruction Type	Start Dt	End Dt	Provider ID	Provider	
LOWER BUNK	08-29-2006 0848	08-29-2007 0848	MPIMSCLMC	MALO-CLINES, FNP	
SHORT BEARD CHRONO	03-07-2007 0901	03-06-2008 0901	MPIMSBAF	FELLOWS, RN	

Distribution:

Health Record

Housing Unit

CCII

File

Inmate

\*\*\* When Appropriate, a copy shall be forwarded to Specific Clinic Name: BLOODSAW, THEOPRIC

CDC #: P20045

Date: 08-23-2007

Facility INF

Page 1 of 1

PBSP/Medical 128-C

Case 5:08-cv-03315-JF

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#### PELICAN BAY STATE PRISON **HEALTH CARE SERVICES UNIT CHRONO**

NAME	Bloodian Theoper	CDC#: <u>P 23045</u>	HOUSE: 42-1/86	DATE: 06/21/65
The ab	ove-named inmate has a medical	condition which requi	res the below-listed medically-in	dicated chrono(s)
	COTTON BLANKETS	Q	LOW BUNK/LOW TIER	(-)-
	EGG CRATE MATTRESS		EXTRA MATTRESS	
ф	EXTRA PILLOWS/WEDGE		INSOLES	
	ORTHOTICS		SWEATPANTS	
ф	SUNGLASSES	,		
ф	MEDICAL EQUIPMENT: Please	check appropriate me	edical equipment below:	
- 1	ie 🗌 Walker 🔲 Wheelchair	TENS Units 📋 (	C-PAP/BIPAP Dxygen D	-Ice-Pack Ace-Wraps
(When	appropriate, please name body pa	irt affected, e.g., right	arm):	
	EFFECTIVE DATE AND EXPIRA		BE PROVIDED FOR CHRONO	O TAKE EFFECT
Please I	Print Name		Signature/Title	
ricase i	- IIIIL INGINE		Signature/Tine	
DISTRIBUTI	ON: WHITE-Medical Record GREE	EN-Housing Unit <u>y</u>	ZELLOW-CCII PINK-C-File	GOLDENROD-Inmate
HEALTH <sub>.</sub> RI	ECORDS STAFF SHALL LIST OTHER APPROF	PRIATE COPIES BELOW AND	SHALL DISTRIBUTE ACCORDINGLY: (e.g.,	Clothing: SHU/GP/L-I):
DATE: .	6-21-05 NAME: B)64	odsaw, Theopi	cic coc# Pagays	PBSP/MEDICAL

PBSP - HCS 001

### ADA APPEAL TRACKING SHEET

INMATE NAME SCODE WCDC # P 20045 APP	EAL# <u>A05-01931</u>
Appeal Received	Date: 5/11/05
Verification Attached	YES NO
Medical Chart Reviewed	Date:
Verification Obtained by Review	☐ YES ☐ NO
Appeal Forwarded for Review	Date:
Request for Verification	Date:
Verification Confirmed	YES NO Date Received:
Appeal Forwarded for Review	Date:
Unable to Verify/Consult Necessary	YES NO
Appeal Suspended	Date:
Appointment with Outside Consult Scheduled	Date:
Outside Consult Completed/Report Received	Date:
Appeal Forwarded for Review After Suspension	Date:

### **URGENT ADA**

Request for Medical Review

> Verification of Disability

CDC# 120045, has filed a CDC 1824 requesting accommodation under ADA. His medical file has been reviewed and has no verification of the disability he is claiming. For proper processing, a CDC 1845 and a CDC 128-C listing limitation must be 

APPEAL # <u>A05-01931</u>

Please put on Dr. Line to have ADA · , soves discussed, There You Cardy Word X7224 Med Appela Robin to Med. Appolo

#### **ADA 1824 RESPONSE SHEET**

Inmate's issue: Vertel	orel abno	or mel	C-5/6 +	C6-7
severe pain in	left his	Sna	mc 1000	N hack
pain, dissuers	9	7	23.57.10.50	
		·····		<del></del>
	chu -			11-1 000
Inmate interviewed on:	5/19/05	By:_	W. Wahidu	(TAL ONL)
	Date		Interviewer	
		مند		•
Inmate stated during the int	erview: <u>p</u> f	wanh	total disa	si lily
due to his b.	ack and n	ek par	, & occasin	e spanm.
	<del></del>		<del></del>	,
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			A	
Inmate's request for accomp	modation is: \	stell 1	disable on	- HUH -
per diagnosis a	- physician	7. 7		
, ,	( )			
·				
		<b>a</b> ./		_
The reason for the determin	ation is:	Refin	to Physi	1.l
Therapy for	w evaluation	In	Lisability-	<u> </u>
as it could	not be det	wmine.	1 , based m'	PI
sitty comfortate	e duy ex	am , No	+ i an dist	ren .
sitty comportate	Walk No	weaknes	na numbri	in - Ar hard
a legs. No re	put in radio	at f	on to the band	1 Think
	•	V		Tol.
If a determination cannot be	e made without an	outside cor	isult, please attach	the order for
MAR review of outside con			, p ututon	

### ADA APPEAL TRACKING SHEET

INMATE NAME : CODSTW CDC # 1/0045 APPE	BAL# 1900 - 01931
Appeal Received	Date: 5/1/05
Verification Attached	YES NO
Medical Chart Reviewed	Date:
Verification Obtained by Review	YES NO
Appeal Forwarded for Review	Date:
Request for Verification	Date:
Verification Confirmed	YES NO Date Received:
Appeal Forwarded for Review	Date:
Unable to Verify/Consult Necessary	YES NO
Appeal Suspended	Date:
Appointment with Outside Consult Scheduled	Date:
Outside Consult Completed/Report Received	Date:
Appeal Forwarded for Review After Suspension	Date:



# Case 5:08-cv-03315-JF Document 1-4 Filed 07/09/2008 Page 33 of 51 NOTE: SEND CO. 'OF PHYSICIAN'S ORDER I R MEDICATION TO PHARMACY AFTER EACH ORDER IS SIGNED.

#### Plan

Plan Dt/Tm: 09-18-2007 1257

Provider: MALO-CLINES, FNP, CHERYL

AR and etd=cont with flunisholide and add vistaril. DC allerchlor.

NF for flunisolide sent. He did do best on nasonex, but that is NF. Hopefully

we an improve symptoms with combination of vistaril and flunisolide.

Discussed with psych and they are agreeable to vistaril.

He repeatedly insisted that he have a cane. This has been a focus of many visits and appears he wants to renew that focus. Advised pt that he does not qualify for a cane. He states the ibu relieves his back pain, but he doe not take it daily. He has set ideas on when and what he will do.

GI-doing well on lactulose and omperazole. Will cont.

Communication with pt is difficult.

RTC one mo for eval of meds

#### Medications

Start Dt/Tm	Medication	Strength	Rte	Freq	Duration	Provider
09-18-2007 1142	HYDROXYZINE HCL 25 MG TABLET	25 MG	PO	BID	30	MALO-CLINES, FNP, CHERYL
09-18-2007 1429	HYDROCORTISONE 1% CREAM	1 CREAM	TP	QD	90	MALO-CLINES, FNP, CHERYL
09-18-2007 1429	NYSTATIN/TRIAMCINOLONE CRM	1 CREAM	<b>T</b> Ρ	BID	30	MALO-CLINES, FNP, CHERYL

#### **Treatments**

Start Dt/Tm	CPT	Treatment	Freq	Anatomical Location	Provider
09-18-2007 1306	99999	RTC ONE MO	NA		MALO-CLINES, FNP, CHERYL

#### Vitals

Vital Dt/Tm	Temp (F)	Pulse	Respiration	ВР	Provider	
09-18-2007 1104	99.1	88	18	110/80	PENKIAN, RN, STELLA	

#### Noted

Noted Dt/Tm: 09-18-2007 2056

Noted By: SNYDER, LPT, RITA

Confidential client information
See W & I Code, Sections 4514 and 5328

CDC #: P20045

Name(L,F,M,S): BLOODSAW, THEOPRIC

PHYSICIAN'S ORDERS

CDC 7221 STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

Page 1 of 1



## NOTE: SEND COL OF PHYSICIAN'S ORDER F ₹ MEDICATION TO PHARMACY AFTER EACH ORDER IS SIGNED.

Plan

Plan Dt/Tm: 08-14-2007 1439

Provider: MALO-CLINES, FNP, CHERYL

Meds renewed.

Pt does not want naprosyn, prefers ibu.

Changed.

See oc note please

#### Medications

Start Dt/Tm	Medication	Strength	Rte	Freq	Duration	Provider
08-14-2007 0925	IBUPROFEN 600 MG TABLET	600 MG	PO	QDPRN	90	MALO-CLINES, FNP, CHERYL
08-14-2007 0926	ALLER-CHLOR 4 MG TABLET	4 MG	РО	BIDPRN	90	MALO-CLINES, FNP, CHERYL
08-14-2007 0928	HYDROCORTISONE 1% CREAM	1 CREAM	TP	BIDPRN	30	MALO-CLINES, FNP, CHERYL
08-14-2007 0930	DEEP SEA 0.65% NOSE SPRAY	1 SPRAY	NS	BIDPRN	90	MALO-CLINES, FNP, CHERYL
08-14-2007 0930	LACTULOSE 10GM/15ML SOLN	30 ML	PO	QD		MALO-CLINES, FNP, CHERYL
08-14-2007 0931	OMEPRAZOLE 20 MG CAPSULE DR	20 MG	PO	QD		MALO-CLINES, FNP, CHERYL

#### Tests

Order Dt/Tm	Test/Instructions	Ordered By
08-14-2007 0932	GUAIAC SCREENING	MALO-CLINES, FNP, CHERYL

#### Vitals

Vital Dt/Tm	Temp (F) Pulse	Respiration	ВР	Provider
08-14-2007 0920	97.5 89	18	118/70	FLOWERS, RN, ANNE

#### Noted

Noted Dt/Tm: 08-14-2007 1455

Noted By: FLOWERS, RN, ANNE

Confidential client information
See W & I Code, Sections 4514 and 5328

CDC #: P20045

Name(L,F,M,S): BLOODSAW, THEOPRIC

PHYSICIAN'S ORDERS

CDC 7221 STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

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Visit Start Dt/Tm: Carse 05/208::CV-£03316-JF. Decument 1-4 Filed 07/09/2008 Page 35 of 51
Visit Prison: 7362 NURSING EVALUATION

#### Subjective

Entry Dt/Tm: 12-19-2007 0744 Updated Dt/Tm: 12-19-2007 0801

Entered By: MPIMSSYN . NAKAMURA, RN Updated By: MPIMSSYN . NAKAMURA. RN

What me means as a First processor, eller the access. These you ritch. Get away from my cell. You write it all down. Started to write his words on farer. "One more of those are on the way. I notified you three weeks ago that I did not want to see that hiter. What on you mean I cannot pick and choose? Fuck you bitch." First my mother fucking black ats. Tell that bitch that I am a regist mother fucker. I will get my mather fucking medication. Everything is on that. Can you read and write mother fucker? Can you read and write. I teld that bitch that I'm refusing. Such my dick. Suck my dick. Can you see it in my hand?

#### Objective

Other

Name: Physical assessment and cellfront interview.

Provider: NAKAMURA, RN . STEVE

Other Dt/Tm: 12-19-2007 0752

Notes: Alert and oriented. Patient refused his PCP line yesterday. Today, patient turned in a medical sickcall slip that stted. "Emergency 3350.2. Off site health care treatment. I need professional medical attention for lower back, neck, head, left hip, muscle spasms, pains and abnormal bowel moverments. 3354.2. Inmate copayment etc." When informed that he had refused yesterday, patient began to speak in a threatening manner with his finger pointed at me. See Subjective note. Patient would not answer any questions regarding the sick call slip.

PHYSICIAN'S PROGRESS NOTES

CDC #: P20045

Name(L,F,M,S): BLOODSAW, THEOPRIC

CDC 7230

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

7 8
Visit Start Dt/Tm: (2สระยะชีวิเนีย์4CV ฮนิรัลน์โอ๊กปริยะ รมิดุตนุกาศา 1-4 Filed 07/09/2008 Page 36 of 51
Visit R 1-4
Visit R 2008 Page 36 of 51

#### Subjective

Entry Dt/Tm: 12-05-2007 1204 Entered
Updated Dt/Tm: 12-05-2007 1219 Updated

Entered By: MPIMSSYN , NAKAMURA, RN Updated By: MPIMSSYN , NAKAMURA, RN

"I have a black ass and I'm proud of it." Repeated over and over. Would not answer any of my questions about the sickcall slip. Saying something about "Bitch" and motherfucker. Again. "I have a black ass and I'm proud of it." "Get away from the cell, Motherfucker!" "I'm going after that Bitch in court." (A reference to NP Malo-Clines.) Repeated the word Bitch many times. Had a few words that said, fuck you.

#### Objective

#### Other

Name: Physical assessment and cellfront interview

Provider: NAKAMURA, RN . STEVE

Other Dt/Tm: 12-05-2007 1215

Notes: Alert and oriented. Refused vitals and physical exam. Yesterday, Inmate Bloopdsaw called me a mother fucker numerous times and refused the medication prescribed by NP Malo-Cline. This morning patient threw the Benadryl and Doxycycline into the trash can. When asked if he would come to the clinic tobe examined, patient did not answer any questions and made many statements that were derogatory. Sickcall slip states, "I urgently need medical attention for muscle spasms, sever pain in my neck, lower back, left hip. I need proper pain medication and head cold. I am refusing and avoiding contact with Malo-Clines, M>D> unprofessional skills.

PHYSICIAN'S PROGRESS NOTES

CDC #: P20045

Name(L,F,M,S): BLOODSAW, THEOPRIC

CDC 7230 STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

#### Assessment

**Medical Diagnosis** 

Code: 724.5

Description: BACK DISORDER

Axis:

GAF:

Status: COMPLETE

Provider: MALO-CLINES, FNP, CHERYL

Diagnosis Dt/Tm: 08-14-2007 0925

Resolve Dt/Tm: 11-30-2007 1129

Priority:

Notes:

Code: 9991

Description: EARS, NOSE, & THROAT DISEASE

Axis:

GAF: Diagnosis Dt/Tm: 08-16-2007 1516

Status: CURRENT

Resolve Dt/Tm: 00-00-0000 0000

Provider: MALO-CLINES, FNP, CHERYL

Priority:

Notes:

Code: 959

Description: INJURY / TRAUMA

Axis:

GAF: Diagnosis Dt/Tm: 04-13-2007 1524

Status: COMPLETE

Provider: MALO-CLINES, FNP, CHERYL

Resolve Dt/Tm: 11-30-2007 1129

Priority:

Notes:

Code: V70.3

Description: NORMAL EXAM

Axis:

GAF:

Status: COMPLETE

Provider: MALO-CLINES, FNP, CHERYL

Provider: JOHNSON, RN, ERICKA

Diagnosis Dt/Tm: 08-16-2007 1245

Resolve Dt/Tm: 11-30-2007 1128

Priority:

Notes:

Code: 9992

**Description: NURSING DIAGNOSIS** 

Axis:

GAF: Diagnosis Dt/Tm: 09-26-2006 1320

Status: COMPLETE

Resolve Dt/Tm: 12-05-2007 1220

Priority:

Notes:

PHYSICIAN'S PROGRESS NOTES

CDC #: P20045

Name(L,F,M,S): BLOODSAW, THEOPRIC

CDC 7230

STATE OF CALIFORNIA ---

-DEPARTMENT-OF-CORRECTIONS

Page 2 of 5

#### Assessment

**Medical Diagnosis** 

Code: 9992

**Description: NURSING DIAGNOSIS** 

Axis:

GAF:

Status: COMPLETE

Provider: KEYS, MTA, JAMES

Diagnosis Dt/Tm: 04-12-2007 2020

Resolve Dt/Tm: 11-30-2007 1129

Priority:

Notes:

Code: 9992

Description: NURSING DIAGNOSIS

Axis:

GAF:

Status: CURRENT

Provider: NAKAMURA, RN, STEVE

Diagnosis Dt/Tm: 12-05-2007 1220

Resolve Dt/Tm: 00-00-0000 0000

Priority:

Notes:

Code: 733.90

Description: ORTHOPEDIC DISORDER

Axis:

GAF: Diagnosis Dt/Tm: 10-09-2007 0949

Status: COMPLETE

Resolve Dt/Tm: 11-30-2007 1128

Provider: WILLIAMS, MD, CLAIRE Priority:

Notes: left hip pain

Code: 733.90

Description: ORTHOPEDIC DISORDER

Axis:

GAF:

Status: CURRENT

Provider: WILLIAMS, MD, CLAIRE

Diagnosis Dt/Tm: 10-16-2007 0908

Resolve Dt/Tm: 00-00-0000 0000

Priority:

Notes: back pain

Code: 593

Description: RENAL / UROLOGICAL DISORDER

Axis:

GAF:

Status: CURRENT

Provider: MALO-CLINES, FNP, CHERYL

Diagnosis Dt/Tm: 11-30-2007 1437

Resolve Dt/Tm: 00-00-0000 0000

Priority:

Notes:

PHYSICIAN'S PROGRESS NOTES

CDC #: P20045

Name(L,F,M,S): BLOODSAW, THEOPRIC

CDC 7230

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

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## Assessment

Medical Diagnosis

Code: 999999

Description: NECK PAIN

Axis:

GAF:

Status: COMPLETE

Provider: MARINO, MD, RICK

Diagnosis Dt/Tm: 01-18-2006 1033

Resolve Dt/Tm: 08-18-2006 1824

Priority:

Notes:

Code: 999999

**Description: TINEA CORPORIS** 

Axis:

GAF:

Status: COMPLETE

Provider: SWINEY, MD, JENNIFER

Diagnosis Dt/Tm: 03-21-2006 0815

Resolve Dt/Tm: 08-18-2006 1824

Priority:

Notes:

Code: 999999

Description: ALT BLOOD SUGARS PER LAB

Axis:

GAF:

Status: COMPLETE

Provider: ELLIOTT, RN, CATHERINE

Diagnosis Dt/Tm: 03-29-2006 1538

Resolve Dt/Tm: 08-18-2006 1824

Priority:

Notes:

Code: 999999

**Description: NURSING DIAGNOSIS** 

Axis:

GAF: Diagnosis Dt/Tm: 07-20-2006 1306

Status: COMPLETE

Provider: RASMUSSEN, RN, MARGARET Resolve Dt/Tm: 08-11-2006 1605

Priority:

Notes:

Code: 999999

Description: AXIAL SKELETAL

Axis:

GAF:

Status: COMPLETE

Provider: MALO-CLINES, FNP, CHERYL

Diagnosis Dt/Tm: 08-11-2006 1604

Resolve Dt/Tm: 11-30-2007 1128

Priority:

Notes:

PHYSICIAN'S PROGRESS NOTES

CDC #: P20045

Name(L,F,M,S): BLOODSAW, THEOPRIC

CDC 7230

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

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## Assessment

Medical Diagnosis

Code: 999999

Description: ENT

Axis:

GAF:

Status: COMPLETE

Provider: MALO-CLINES, FNP, CHERYL

Diagnosis Dt/Tm: 08-11-2006 1605

Resolve Dt/Tm: 08-29-2006 1640

Priority:

Notes:

Code: 999999

Description: GI

Axis:

GAF:

Status: COMPLETE

Provider: MALO-CLINES, FNP, CHERYL

Diagnosis Dt/Tm: 08-31-2006 1506

Resolve Dt/Tm: 11-30-2007 1129

Priority:

Notes:

## Plan

Provider: NAKAMURA, RN, STEVE

Plan Dt/Tm: 12-05-2007 1223

Completed By:

Completed Dt/Tm:

Patient Education: N

Phone Order Status: NONE

Entry Dt/Tm: 12-05-2007 1220

Entered By: MPIMSSYN, NAKAMURA, RN

A: Ineffective management of therapeutic regimen rt refusal of treatment and

vulgar language.

Will write a 115 if patient continues to be abusive. Will place on PCP line for his muscle spasms and headcold written on the sickcall slip.

Order

PHYSICIAN'S PROGRESS NOTES

CDC #: P20045

Name(L,F,M,S): BLOODSAW, THEOPRIC

CDC 7230

STATE OF CALIFORNIA

roL100 Visit Start Dt/Tm: 1 103052005 2003 - CVETCOUNTE - SICK CALL Filed 07/09/2008 Page 41 of 51 son: 7362 PCP EVALUATION

## Subjective

Entry Dt/Tm: 11-30-2007 1129

Entered By: MPIMSCLMC, MALO-CLINES, FNP

Updated Dt/Tm: 11-30-2007 1432

Updated By: MPIMSCLMC, MALO-CLINES, FNP

Pt states he gets pain in his left hip, low back and neck at times. He also wants to know why we are doing things to him that we would not do to ourselves, such as the barium enema he had to do. He wants medicine for head cold and states the allerchlor does not work. He states he is concerned because he used to be healthy and young, now he has to take lactulose just to go to the bathroom. He also mentions that he is not urinating as he used to. He states he is up twice at night, having some dribbling at end of stream, urgency, then has a hard time starting stream. Denies odor, no discoloration

## Objective

Vitals

Vitals Dt/Tm: 11-30-2007 1107

Temp (°F): 98.4

Pulse: 72

Respiration: 18

Blood Pressure: 120/70

Wgt: 152 Hgt: "

Provider: TIMME, SR RN, DAVID

Notes:

Other

Name: pe

Provider: MALO-CLINES, FNP, CHERYL

Other Dt/Tm: 11-30-2007 1432

Notes: a/o x3, somehwat rambling speech today abt people doing things to him that he does not want done. Sclera and conjunc clear. Nares are erythematous, moderate amt clear mucus, PP erythematous. Neck is supple, neg nodes. HRR CTA. no r/r/w. Abd is soft, nt, hypoactive bs. No suprapuble tenderness. DRE shows enlarged prostate, smooth, sulcus palpated. Quite tender, esp laft lateral lobe. No peripheral edema.

PHYSICIAN'S PROGRESS NOTES

CDC #: P20045

Name(L,F,M,S): BLOODSAW, THEOPRIC

STATE OF CALIFORNIA

CDC 7230

## Assessment

## Medical Diagnosis

Code: 999999

Description: ENT

Axis:

GAF:

Status: COMPLETE

Provider: MALO-CLINES, FNP, CHERYL

Diagnosis Dt/Tm: 08-11-2006 1605

Resolve Dt/Tm: 08-29-2006 1640

Priority:

Notes:

Code: 999999

Description: GI

Axis:

GAF:

Status: COMPLETE

Provider: MALO-CLINES, FNP, CHERYL

Diagnosis Dt/Tm: 08-31-2006 1506

Resolve Dt/Tm: 11-30-2007 1129

Priority:

Notes:

## Plan

Provider: MALO-CLINES, FNP, CHERYL

Plan Dt/Tm: 11-30-2007 1456

Completed By:

Completed Dt/Tm:

Patient Education: N

Phone Order Status: NONE

Entry Dt/Tm: 11-30-2007 1438

Entered By: MPIMSCLMC, MALO-CLINES, FNP

GI-pt is concerned abt use of medications. He cont to refuse the colonoscopy. He agrees to keep using the lactulose and omprazole. But he is not pleased. GU-pt may have prostatitis, r/o bph. Will request UA, treat for one mo, then evaluate. He does agree to have labs drawn.

He is requesting some meds for pain again. Previous dc ibu as he stated it was

not working. Will rx tylenol for prn use.

RTC one mo, eval prostate.

CDC #: P20045

Name(L,F,M,S): BLOODSAW, THEOPRIC

PHYSICIAN'S PROGRESS NOTES

STATE OF CALIFORNIA

CDC 7230

Visit Start Dt(Tm: 10-30-2007 0719 Encounter re

Document 1-4

Filed 07/09/2008

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son: 7362 NURSING EVALUATION

## Subjective

Entry Dt/Tm: 10-30-2007 0720 Updated Dt/Tm: 10-30-2007 0728 Entered By: MPIMSSYN, NAKAMURA, RN Updated By: MPIMSSYN, NAKAMURA, RN

You are not a doctor. You are not a doctor. That sickcall from yesterday was about my sinuses and chestpain. The other two were thrown away by the MTA. That motherfucker(a reference to C/O Sullenger) demanded that I stand up for count. I demanded to see the doctor. Its in my files. Repeated over and over. I'm playing for money. I have a disability. I am taking this to the top. It is going to Washington DC. I'm playing for money.

## Objective

#### Other

Name: Physical assessment and cellfront interview.

Provider: NAKAMURA, RN, STEVE

Other Dt/Tm: 10-30-2007 0724

Notes: Alert and oriented. Using very vulgar language. Refused to talk to me about his muscle spasms and dizziness. Repeated over and over that it was in his files. Claiming that he is playing for big money because he has a disability.

PHYSICIAN'S PROGRESS NOTES

CDC #: P20045

Name(L,F,M,S): BLOODSAW, THEOPRIC

CDC 7230

STATE OF CALIFORNIA

Document 1-4

Filed 07/09/2008

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on: 7362 PCP EVALUATION

## Subjective

Entry Dt/Tm: 05-07-2007 1216

Entered By: MPIMSBJ, JAIN, MD

Updated Dt/Tm: 05-07-2007 1331

Updated By: MPIMSBJ, JAIN, MD

inmate is here for multiple issues he has been followed under cc for GERD and constipation. he is running out all meds and wants to renew those, inmate has been taking prilosec for GERD seen on recent upper GI. prilosec has been controlling symptoms.

inmate also has hx of constipation x 10 yrs and has been on lactulose and docusate . states only lactulose helps him . he recently had barium enema done but study was not optimal due to poor preparation.

he also wants to get allergy meds renewed he has been using CTM and nasonex but also has been c/o nose bleed on and off.

inmate was also in altercation about 2-3 wks ago states since than neck back and LT hip has worsen, inmate already had preexisting problems with these. denies any dizziness or neurological symptoms.

## Objective

#### Other

Name: exam

Provider: JAIN, MD, BHAWNA

Other Dt/Tm: 05-07-2007 1331

Notes: inmate sitting comfortably no distress, has dec hearing,

HEENT- nt nc, neck stable, FROM no dizziness on neck movement

nose- no bleeding point, mild swelling of mucosa.

cvs s1 s2 wn] lung clear

abdomen soft nontender BS +

ext no edema

back- no tenderness, FROM, SLR wnl

hip FROM

neuro aaox3 no motor or sensory deficit.

PHYSICIAN'S PROGRESS NOTES

CDC #: P20045

Name(L,F,M,S): BLOODSAW, THEOPRIC

CDC 7230

STATE OF CALIFORNIA

7	Case 5:08-cv-03315-JF	Document 1-4	Filed 07/09/200	98 Page 45 of	51
NAME	: BLOODSAW CDC#: P	20045 HO	USE: AZ-118	DATE: 6-22-05	PRSP 128 C /
ان هر	n the above date, this inmate appeared. He was	agreed of Talling and			•
□ The	inmate refused to appear at ICC/UCC.				
BEHAV Groomin Other:	TIORAL OBSERVATIONS:  ng was in / appropriate; Si  Greyum	peech was un / intelligible	c; Comprehens	ion process was in / ad	lequate;
MENTA  □ No to	L HEALTH SERVICES RECOMME reatment needed at this time.	NDATIONS:			
□ · Eval	nations for: Screen MH		·		
□ Initia	l Therapy to address:				
□ Other					
☐ Curr Heal	ent Health Record review reveals no evith Screening chrono dated:	idence of change in men	tal health needs since the	ne previous Security I	
]	C-File Health Records CC-II		Clinicia	.Royleton	
NAME: _	BLUODSOW CDC#: P2	-8045 HOUS	ıε. Δ2-110 5	· h-22-05	
CC.DOC		1003	DE. <u>No 110</u> D	AIE:I	'BSP 128-C
					4
			The second se		
i (se vele Tito	nformation utilized for completion completed on   Meets criteria for inclusion in care: CCCMS/EOP/MHCB.	i the Mental Health Serv	W. (L. 1)	Company of the contract of the	
	2. A Has additional Pelican Bay disorder; Schizoaffective disord intoxication and withdrawal); Psy I or II; any mental disorder which with reality or perceptions of real with significant functional impair depression and resulting in significant functional exclusionary criteria (separate: 3) Does not meet criteria for incadditional exclusionary criteria (separate: 3) 1/04 Institutional exclusionary criteria (separate exclusionary criteria (sep	er; Brief psychotic dischotic disorder not other includes inmate being ity leading to significan ment; severe personality cant functional impairmulation in the Mental Hoee #2 above) that would in:	sorder; Substance in rwise specified; Major actively suicidal; any t functional impairme y disorder manifested ent; mental retardation ealth Services Deliver prohibit PBSP-SHU page 11 Clinican:	duced psychotic dis- Depressive disorder mental illness character, Organic Brain Sy by frequent episode  y System (MHSDS) blacement.	sorder (excluding; Bipolar Disorder cterized by breaks indrome consistent as of psychosis or and does not have
•	cc: C-File CCII Health Record				

SHU90CHR.DOC

12X

Chronological Interdisciplinary Progres

Totes State of California. Department of (

ections -Pelican Bay State Prison

Date: 12-11-2007 Time: 1000 Chart available? YES Reason for visit? MH CM REFERRAL BY ME Location of Visit: MH ASU

3: Entry By: PASCOE, PSY.D, JACK

Entry Dt/Tm: 12-11-2007 1109

I/M scheduled for mh eval subsequent to routine referral from FNP Clines for inappropriatee behaviors (yelling at Rn's and PT's, refusing some meds for medical condition from selected medical personnel) and being verbally assaultive (calling nurses black mother fucking bitches). I/M refused to leave cell for 1:1 interview with mh clinician. At cell front, he angrily and aggressively stated he had no interest in mh care.

A review of UHR re past mh interventions revealed a similar pattern of behavior (verbally asaultive to staff, inappropriate outbursts, racial accusations) along with angry refusals to talk to mh staff upon referral. In this regard, a Progress Note dated 02/27/07 indicated the I/M was rude to the clinician as he refused to leave his cell for an interview. Another note dated 05/21/07 indicated the I/M had been referred by custody for pressured speech, verbal abuse and irrational behavior and upon contact by a mh clinician again refused refused mh intervention. Another note dated 09/17/07 stated that the I/M made angry abusive statements re not wanting any mh assistance to the mh clinician after being contacted subsequent to a referral from a LPT.

In addition, the record revealed that over the past decade or so, despite the I/M's non-participation in treatment, that along with a nasty disposition, he has been variously assessed as possibly suffering from either a psychotic or schizophrenic or mood disorder. In this regard, however, various clinicians have noted that his overall daily functioning (hygiene, taking food, compliance with medical tx, etc.) was judged to be adequate and not indicative of the necessity to institute proceedings to establish non-voluntary compliance with mh tx.

Both custody and medical staff were consulted today re I/M's current functioning. Their reports mirror what has been documented previously as noted above. That is, the I/M is highly contentious and verbally abusive to staff in an unreasonable manner. However, his overall functioning is at a level that does not support an assessment that he is gravely disabled or DTS or DTO. That is, he does not significantly disrupt the general custody/ASU program, takes his meals, keeps himself and his cell clean and is mostly compliant (although in a decidedly unpleasant way) with his medical treatment.

Curent Clinical Impression: I/M consistently displays a nasty, verbally aggressive disposition which may be driven, at least in part, by an underlying mental illness composed of persecutory delusions and/or a schizophrenic process. However, such a clinical determination/diagnosis has not been possible to establish to date. Accordingly, there is insufficient data to support a finding that the I/M is GD, DTS or DTO. Given his apparent capacity and ability to function at an adequate level in terms of his general daily program and his steadfast refusal to voluntarily accept mh tx, there is not a sufficient clinical basis for placing him in the MHSDS at this time.

SEE PAGE 2

Signature:

Print Name:

Phd / LCSW / MD / PsyTech/ Other:

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTE
MH3 (10/11/02)
Confidentail Client/Patient Information
See W & I Code, Section 5328

Level of Care

Outpatient

Last Name: BLOODSAW

First Name: THEOPRIC

MI:

CDC#: P20045

HOUSE: ADSE-01L

Case 5:08-cv-03315-JF Document 1-4

Filed 07/09/2008

Page 47 of 51

## MH3 ASU PROGRESS AND MINUTES - IDTT PROGRESS AND MINUTES NOTES

Assign Primary: J. Moulton Ph.D.

Date of Arrival: 00-00-0000 0000

Purpose: DISCUSSION

**IDTT Members:** 

MANDEL, PHD, DAVID M. PHDC; MOULTON III, PHD, JOHN L. PHD; JACKINSKY, PSYNP, TIMOTHY E.; DAVIS, DSW, BRENDA C. LCSW; ROY, DSW, DAVID J. LCSW; TOMAR, PSYME, DIANE MD

#### **CURRENT DIAGNOSIS:**

AXIS I:

AXIS II:

AXIS III:

AXIX IV:

AXIS V:

GAF:

LOC:

## **CURRENT PROBLEMS:**

Mr. Bloodsaw is rather hostile and verbally abusive. Custody and medical staff are aware of his behaviors. The record was reviewed; a history of various psychotic disorder diaganoses are noted. However, Mr. Bloodsaw is rejecting all efforts at intervention at the present time, and since he is taking adequate care of himself and does not appear to present any risk of harm to himself or others, he does not meet criteria for initiation of a Keyhea order. He was presented in IDTT today so that all staff could be informed about his case.

## **CURRENT TREATMENT PLAN:**

N/A

## ANTICIPATED LENGTH OF STAY: N/A

**NEXT REVIEW DATE:** 

## ADDITIONAL COMMENTS:

IDTT held today, Wednesday, September 19, 2007. The inmate was not present; CC I M. Becker attended the meeting. Other attendees: H. Parsley, LPT; Officer Eggen.

MOULTON III, PHD, JOHN

SIGNATURE

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES	LEVEL OF	Last Name:	First Name:
I I I I I I I I I I I I I I I I I I I	CARE	BLOODSAW	THEOPRIC
MH3 [4/6/00]	ļ	CDC#:P20045	HOUSE: A02U202L
	INPATIENT		
Confidental Client/Patient Information	Outnatient	DOB: 06-25-1958	



## PRISON LAW OFFICE

General Delivery, San Quentin, CA 94964-0001 Telephone: (415) 457-9144 • Fax (415) 457-9151 www.prisonlaw.com Director: Donald Specter

Staff Attorneys:
Susan Christian
Steven Fama
Brittany Glidden
Penny Godbold
Megan Hagler
Alison Hardy
Millard Murphy
Sara Norman
Keith Wattley

June 2, 2005

Theopric Bloodsaw, P-20045 Pelican Bay State Prison P.O. Box 7500 Crescent City, CA 95532

Dear Mr. Bloodsaw,

I write regarding correspondence we received from you on May 13. I was glad to find out that you got your hearing aids and batteries. From the response to your appeal, log number 04-02445, it seems that they are working well for you and that you are able to hear better as a result. Is that correct?

However, you disagree with Dr. Tansi's medical determination that you are not mobility impaired. Unfortunately, since Dr. Tansi has made a medical determination that you do not have a mobility impairment, there is not much I can do to help you to get your disability verified. As we are not doctors ourselves, it is very difficult to contest CDC's medical determinations without outside medical expertise to counter it.

Likewise, we will not be able to help you remain on single-cell status under <u>Armstrong</u> or challenge your 115. Please refer to the information I sent you in my last letter that described how you can challenge a disciplinary violation.

I have made a copy of your 1824 for our files and three copies of your 1824 for you to keep. I am returning all your documents to you.

Please take care.

Sincerely,

Heather Isaacs

Legal Assistant

Under the supervision of Sara Norman

Heather Isaacs

Enclosed: 3 copies of 1824, original documents



## PRISON LAW OFFICE

General Delivery, San Quentin, CA 94964-0001 Telephone (415) 457-9144 • Fax (415) 457-9151 Director:
Donald Specter

Staff Attorneys:
Susan Christian
Steven Fama
Brittany Glidden
Penny Godbold
Megan Hagler
Alison Hardy
Millard Murphy
Sara Norman
Keith Wattley

July 1, 2005

Theopric Bloodsaw, P-20045 Pelican Bay State Prison P.O. Box 7500 Crescent City, CA 95532

Case 5:08-cv-03315-JF

Dear Mr. Bloodsaw,

I write regarding letters our office received from you on May 16 and June 14.

As I wrote in my last letter to you, we will not be able to advocate for you to get mobility impairment accommodations if medical staff have determined that you do not have a mobility impairment. I understand that you believe your medical records show that you do have this type of disability. However, we cannot challenge the medical determination of CDC physicians.

I hope you will continue getting your hearing aid batteries as you need. Please let us know if any problems arise getting your batteries.

Finally, I am sending copies of the documents you requested and am returning the originals to you. For your information, if you need copies for legal work that you are doing, the law library should make those copies for you. We will not be able to do this for you any more.

Best of luck.

Sincerely,

Heather Isaacs

Legal Assistant

Under the supervision of Sara Norman Enclosed: original documents, copies

Heather Louis

CHASER Pre Extracted Civil Docket as of February 27, 2003 9:25 pm TERMED TRANSF

# U.S. District Court

* Parties *	* Attorneys *
U.S. District for the Northern D CIVIL DOCKET FOR C	strict of California (San Jose) SE #: 00-CV-20505
Bloodsaw v. Woodford Filed: 04/24/00 Assigned to: Judge Jeremy Fogel Demand: \$0,000 Nature of Suit: 530 Lead Docket: None Jurisdiction: Federal Question Dkt# in other court: None	
Cause: 28:2254 Petition for Writ	of Habeas Corpus (State)
THEOPRIC KENT BLOODSAW Plaintiff	Theopric Kent Bloodsaw [COR LD NTC] [PRO SE] Booking No. 7475221 BKS No. F1,7000 Dorm C-7196 441 Bauchet Street Los Angeles, CA 90012
V.	
J.S. WOODFORD, Warden defendant	

## **Docket Proceedings**

Doc #	· Docket Entry
1	PETITION FOR WRIT OF HABEAS CORPUS (no process) Fee status ifpp entered on 4/24/00 (); [3:00-cv-01398] (ga) [Entry date 04/28/00]
1	IN FORMA PAUPERIS AFFIDAVIT by Plaintiff Theopric Kent Bloodsaw for leave to proceed in forma pauperis [3:00-cv-01398] (ga) [Entry date 04/28/00]
2	DECLINATION to proceed before magistrate by Plaintiff Theopric Kent Bloodsaw [3:00-cv-01398] (ga) [Entry date 05/04/00]
3	ORDER by Mag. Judge Maria-Elena James of impending reassignment to a United States District Judge () (cc: all counsel) [3:00-cv-01398] (ga) [Entry date 05/05/00]
4	ORDER by Assignment Committee Case reassigned to Judge Jeremy Fogel referred to Judge Jeremy Fogel the affidavit motion for leave to proceed in forma pauperis [1-1] () (cc: all counsel) [3:00-cv-01398] (ga)
	1 1 2 3

05/18/00	5	ORDER by Judge Jeremy Fogel to transfer case to Dist of: Central District of California; appeal filing ddl 6/26/00 (Date Entered: 5/25/00) (cc: all counsel) [5:00-cv-20505] (gm) [Entry date 05/25/00]
06/09/00	6	RECEIPT from Central District of California [5:00-cv-20505] (gm) [Entry date 06/13/00]
06/20/00	7	LETTER from Theopric Kent Bloodsaw [5:00-cv-20505] (gm) [Entry date 06/22/00]
02/27/03	8	LETTER from Theopric Kent Bloodsaw [5:00-cv-20505] (gm)
[END OF	DOCK.	ET: 5:00cv20505]

H3 Case 5:08-cv-03315-JF

HABEAS, CLOSED, TRANSF

# U.S. District Court California Northern District (San Jose) CIVIL DOCKET FOR CASE #: 5:04-cv;00752-JF Internal Use Only

Bloodsaw v: Woodford et al

Assigned to: Hon Jeremy Rogel

Referredity Demand \$2.5

Lead Docker None

Related Cases None

Case in other court None

Cause: 28 2254 Pention for West of HabeassCorpus (State)

Date Filed (02/23/04

Jury Demand: None

Nature of Suit 350 Prisoner Civil

Rights con fin

Jurisdiction: Federal Question

## Plaintiff :

lheopric K. Bloodsaw

presented by Theoprick Bloodsaw

P20045 W D4-CELE 1062 W

California State LAC 44750.60th St. West

Lancasier, CA 93536-7619

PRO SESON

Defendant 🕬 🕺

J. S. Woodford

M. Granbis

Filing Date	# Docket Text
502/23/2004	PETITION for Writ of Habeas Corpus (Filing fee \$ IEPP). Filed by Theopric K. Bloodsaw. (IrdicOURT STAFF) (Filed on 2/23/2004).
02/23/2004	MCTION for Leave to Proceed in forma pauperis file d by Theopric Leave to Proceed in forma pauperis file d by Theopric Leave to 103/02/2004 (gri; COURTISTATE) (Filed on 2/23/2004) Entered
02/23/2004	CLERKS NOTICE resompletion of In Forma Paupens affidant or 132 Payment of filing feed the within 10 days. (gm. COURLES JACE) 164 Jed on 2/23/2004) (Entered 03/02/2004)
3/04/2004	A Signed by Judge Jeremy Fogel on 3/4/2004. (gm: GOURTISTATE)

ried

Page 3 of 50

MAR - 4 2004

RICHARD W. WIEKING CLERK, U.S. DISTRICT COURT HERN DISTRICT OF CALIFORNIA

## NOT FOR CITATION

IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

THEOPRIC K. BLOODSAW,

Plaintiff.

VS.

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J.S. WOODFORD, et al.,

Defendants.

No. C 04-0752 JF (PR)

ORDER OF TRANSFER

(Dac # 2)

This is a civil rights case brought pro se by a state prisoner. Plaintiff is currently incarcerated at California State Prison - Los Angeles County located in Lancaster, California. Plaintiff claims he is incarcerated illegally by the California Department of Corrections. Plaintiff was convicted in Los Angeles County in 1997. The Court construes Plaintiff's complaint as a petition for a writ of habeas corpus, challenging the legality of his conviction and sentence. Therefore, the instant case will be transferred to the Central District of California, the location of Plaintiff's conviction and his confinement. This case is therefore TRANSFERRED to the United States District Court for the Central District of California. See 28 U.S.C. § 1404(a); Habeas L.R. 2254-3(b).

In view of the transfer, the Court will not rule on Plaintiff pending motion for leave to proceed in forma pauperis (doc # 2). The Clerk shall terminate all pending motions and transfer the entire file to the Central District of California.

IT IS SO ORDERED.

DATED-

JIEREMY FOGEL United States District Judge

Order of Transfer P:\pro-se\sj.jf\cr.04\Bloodsaw752trans (PS-1)

// Case 5:08-cv-03315-JF Document 1-5 Filed 07/09/2008 Page 5 of 50

This is to certify that on 3-4-04, a copy of this ruling was mailed to the following:

Theopric K. Bloodsaw P-20045 CSP - Los Angeles 44570 60th Street West

6 Lancaster, CA 93536-7619

Order of Transfer

P:\pro-se\sj.jf\cr.04\Bloodsaw752trans (PS-1)

DEPUTY DAILY WORKSHEET

11/28/02 0111

STATION: LNX

UNIT: 31A

SHIFT: D DATE: 11/08/02

0600 - 1400

CLASS: 2 TYPE: P

# 470671 SATO BRADLEY J

O/T:

# 260296 HOODYE SEAN C

0/T:

O/T PA:

VEH: SD2337

MILES: ( 39824 ~> 39845 ) : 21

MOBILE: 15793

SPEC EQP: SG 9 TAZER 4

PORTABLES: 18472

18473

ARRESTS /FEL-MA:

FA: FA:

MJ: MJ:

CITS/HZ:

NHZ:

PKG:

/MSD-MA: PATROL AREA/TIME: 06/252

TIME-SHIFT: 480

TT: 9

HDL: 209

0600?

WRT:0 PTL:252

UNALLOC: 10

RPTS:

INCIDENT ASSIGNMENTS:

TAG# CODE DISP ACK ENRT

10/97 10/98

FJ:

FJ:

RD#

0370

O R

HDL

WRT

URN

LOC: VEH PREP/BRIEF

CLR: 754 STATION SERVICE: Briefing

0056 931

0037 924B

0715 0718

0745

0745

0600?

0747

0700?

0371

60

LOC: 1358 97TH ST, LA

CLR: 772 Assist CHP

MARR: CHP ON SCENE CODE 4

0067 927H

0817 0821 0823

0856

0831

0373

0373

LOC: 10910 WILTON PL, LA

0817

CLR: 212 DISORDERLY CONDUCT: Disturbing The Peace/Court Disturbances

NARR: CONT WANDA FB/A RE: 927H ...NO 927H C-4..

0849

0068 902R · 0849

LOC: 2041 CULLIVAN ST, LA CLR: 212 DISORDERLY CONDUCT: Disturbing The Peace/Court Disturbances

0849

NARR: CONT VERCIL FB/A RE: JAMES MARTIN NOT BREATHING. STA 14 ARRVD @TREATED JAMES PRNCD DEAD AT 0833HRS JAMES SUFFRED FRM CHRONIC EMPHASYMA.

0915?

0126 925

1150? 1200? 1400?

0372

120

LOC: CENTURYBL/LA SALLE AV, LA

CLR: 283 WARRANTS: Felony, In County

NARR: CONT THEO MB/A WAS COMBATIVE AGAINST US. CENTURY @ LASALLE STA 814 ARRVD TREATED THEO WE WENT TO CENTINELA HOSP FOR INJURIES ...

> CERTIFIED A TRUE AND CORRECT COPY OF ORIGINAL MAINTAINED WITHIN FILES OF THE LOS ANGELES COUNTY SHERJEF'S DEPARTMENT - LEMNOX STATION

TITLE - NÁME

HMPLOYEE NUMBER

Page 1 of 2

·	
Unit: 31A Shift: 2 Shift Date: 11/08/02	
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/0543* ** ASSIGN/D (470671) LNX02312-0037 R/924B VEH PREP/BRIEF <000>	
/0543* 10/97 (470671) LNX02312-0037 <000>	
/0711* 10/98 (470671) LNX02312-0037 <000>	
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/0802 ACK (297076) HIT	
/0813* INQ (470671) WANT9, CA, BERRY, MARCUS, ANTJUAN, , , , , M, B, , , , 033181, , , , , , , <000>	
/0813 HIT () MKE/WANTED PERSON NAM/BERRY, RANDELL LARRY SEX/M RAC/B DOB/19820331 WGT/150	
EYE/BR0 HAI/BLK OLN/B600730488254 OLS/MI OFF/DANGEROUS DRUGS / /0813 ACK (195863) HIT	
/0815 INQ (195863) VEH, 31A, , , , , , CA, , 1FALP45XXTF145561, , , , , , , , X	
/0815 ACK (195863) RESP	
/0816 ACK (195863) RESP	
/0817 ** ASSIGN/B (475469) LNX02312-0067 P/927H 10910 WILTON PL, LA	
/0817* ACK (470671) LNX02312-0067 <000>	
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/0823* 10/97 (470671) LNX02312-0067 <000>	
/0831* 10/98 (470671) LNX02312-0067 <000>	
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/0842* INQ (470671) VEH, CA,,,,,; 1FMZU32EXWZA29284,,,,X <000>	
/0849 ** ASSIST/B (475469) LNX02312-0068 E/902R 2041 CULLIVAN ST.LA	
/0849 CHGHDL (475469) LNX02312-0068,31D/D->31A/D	
/0849 ACK (409547) LNX02312-0068	
/0849* ENR (470671) LNX02312-0068 <000>	
/0856* 10/97 (470671) LNX02312-0068 <000>	
/0923* INQ (470671) VEH, 2HMB760, CA,,,,,,,, <000>	
/0927* INQ (470671) WANT9,,CA,FLOGSHAW,FLOYD,LEE,,,,,M,B,,,,,062458,,,,,,,,,,,,, <000>	-:-
/0928* INQ (470671) WANT9,,CA,BLOODSHAW,FLOYD,LEE,,,,,M,B,,,,062458,,,,,,,,,,,, <000>	
/0929 HIT () MKE/WANTED PERSON - CAUTION NAM/BLOODSHAW, THEOPRIC KENT SEX/M RAC/B POB/LA	
DOB/19570624 WGT/150 EYE/BRO HAI/BLK FBI/496721FA9 OFF/PAROLE VIOLATION - SEE MIS /0929 ACK (277125) HIT	
/1024* INQ (470671) WANT9, CA, BLOODSHAW, THEOPRIC, , , , , M, B, , , , 062457, , , , , , , , , <000>	
/1024 HIT () IW S 470671 MDT0 ,CA0190099 ,BLOODSHAW THEOPRIC , M B ,000 000 062457 000 CA , 00000000 00000000 ,H 001 F 000 M 001 O 000 00 , N BLEDSOE WILLIAM T JR ,M X	
OUC CA, OBOCCOUG SOCCOUGO, H BUT F OUC M DUT O OUC OG, N BLEDSOE WILLIAM T JR ,M X	

25 121

Report Date: 11/28/02

## UNIT HISTORY REPORT LENNOX

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Unit: 31A Shift: 2 Shift Date: 11/08/02 010454 511 195 BRO BRO ,COM4 082602 \$277 ,235B R 21ST ST SGH CA ,SD10539619800 RSTR B0306426 CA ,W M 8537/PC M ,640B1/PC M ,PED CA /1024 HIT () SEARCH REVEALS: HIT MADE ON NAM/BLOODSHAW, THEOPRIC KENT \*\* ARMED AND DANGEROUS \*\* \*\*ARMED AND DANGEROUS\*\* FELONY WARRANT 5011 PAROLE VIOL NAM/BLOODSHAW, THEOPRIC KENT 19570624 M B 506 150 BLK BRO POB/LA BAIL/NO BAIL FCN/7040224901563 NIC/W883192088 ENTERED/CALIF-NCIC CII/A08953256 FBI/496721PA9 IMMEDIATELY CONFIRM WITH CA034035G DEPT OF CORR-TELEPHONE 916 445-6713 ID/WARRANTS MNE/CRNO INQUIRY MADE TO CHECKING NCIC RESTRAINING ORDER SYSTEM /1024 HIT () HIT MADE ON NAM/BLOODSHAW, THEOPRIC K HIT # 001 DO NOT ARREST OR DETAIN BASED SOLELY ON THIS RESPONSE CDC PAROLE RECORD NAM/BLOODSHAW, THEOPRIC K 19580624 M B 506 150 BRO BLK OLN/N9672705 HOME CITY/LOS ANGELES PRIMARY OFFENSE/H11350A DISCHARGE DATE/99999999 AGENCY/CA DEPT OF CORRECTIONS MISC/PRIOR TO RELEASE, CONTACT AGEN T OR ID WARRANTS AT (916)445-6713 P OSSIBLY AT LARGE MAY BE ADDITIONAL INFO FROM DOJ VCIN AT 916 227-4736 NUMBER OF PRIOR CONTACT MSGS/ 0 SEND CONTACT MESSAGE IDENTIFYING CO /1024 HIT () MKE/WANTED PERSON - CAUTION NAM/BLOODSHAW, THEOPRIC KENT SEX/M RAC/B POB/LA DOB/19570624 WGT/150 EYE/BRO HAI/BLK FBI/496721PA9 OFF/PAROLE VIOLATION - SEE MIS /1025 ACK (277125) HIT /1025 ACK (277125) HIT /1025 ACK (277125) HIT /1025 ACK (277125) HIT /1156\* URN REQUEST (470671) X,4,0399,053,CR,S,BLOODSHAW,THEOPRIC,KENT,,M,B,,, <000> /1157 URN () 402-11595-0399-053 /1157\* \*\* ASSIGN/D (470671) LNX02312-0126 R/925 CENTURYBL/LA SALLE AV, LA <000> /1157\* HOLD (470671) LNX02312-0068 <000> /1157\* 10/97 (470671) LNX02312-0126 <000> /1157\* 10/15 (470671) <000> /1433\* 10/98 (470671) LNX02312-0068 <000> /1433\* CLEAR (470671) ,LNX02312-0068,,212,,,,,,CONT VERCIL FB/A RE: JAMES M,ARTIN NOT BREATHING. STA 14 ARRV, D @TREATED JAMES PRNCD DEAD AT 0,833HRS JAMES SUFFRED FRM /1435\* CLEAR (470671) ,LNX02312-0067,,212,,,,,,CONT WANDA FB/A RE: 927H ...,NO 927H C-/1440\* 10/98 (470671) LNX02312-0126 <000> /1440\* CLEAR (470671) ,LNX02312-0126,,283,,,,,,CONT THEO MB/A WAS COMBATIVE, AGAINST US.CENTURY @ LASALLE ST, A 814 ARRVD TREATED THEO WE WENT, TO CENTINELA HOSP FOR /1442\* CHGENDMILES (470671) 000000 -> 39845 <000> /1442\* CHGPATROL (470671) /000 -> 06/252 <000> /1442\* LOGOFF (470671) <000> /1442\* MDTOFF (470671) <000>

TYPE: P



DEPUTY DAILY WORKSHEET 11/28/02 0111 STATION: LNX SHIFT: D DATE: 11/08/02 0500 - 1300 UNIT: 31D # 292992 MAGANA JOHN P 0/T:

# 432977 BRIONES PHILLIP R

O/T PA:

0/T:

VEH: 214 MILES: ( 65809 -> 65861 ) : 52 MOBILE: 10371

CLASS: 2

SPEC EQP: S/G 7

PORTABLES: 18477

18476

ARRESTS /FEL-MA: 1 FA: MJ: FJ: NHZ:

/MSD-MA:

FA:

FJ:

WRT:0

MJ:

CITS/HZ:

PKG:

PATROL AREA/TIME: 06/092

TIME-SHIFT: 480

TT:20 HDL: 368 PTL:92

UNALLOC: 0

RPTS:

INCIDENT ASSIGNMENTS:

10/97 10/98 TAG# CODE DISP ACK ENRT RD# TT HDL WRT URN 0500? 0539 0033 924B 0534 0370 39

LOC: LNX

CLR: 754 STATION SERVICE: Briefing

CLR: 758 STATION SERVICE: Station Service

NARR: BRIEFING AND VEH PREP

0759 0810 0819 0373 A C P 0703 0052 909A 0702

LOC: 1929 115TH ST, LA CLR: 780 Assigned Assist

NARR: ASSISTED 31 RE: 909S, AS NEEDED

0703 0053 925 0703 0759 0370

ARR/FEL-MA: 1

LOC: 9201 NORMANDIE AV, LA

CLR: 283 WARRANTS: Felony, In County

NARR:ARRESTED JAMES LEE KING MB/080253 RE:11352A H/S WARRANT

0068 902R 0819 0819 0819 0821 0905 0373 A 9 E

LOC: 2041 CULLIVAN ST, LA CLR: 780 Assigned Assist

NARR: ASSISTED 31A RE: 902R, 927D ONLY

0084 925'S 0912 0912 0912 0919 1014 0370

LOC: 1025 89TH ST, LA 🗇

CLR: 212 DISORDERLY CONDUCT: Disturbing The Peace/Court Disturbances

NARR: CHKD LOC RE: 925, GPA/UTL

0099 930 1007 1013 0378 A C R

LOC: 12117 BUDLONG AV, LA

**STATUS: \*\*\***UTH at 1015

0105 X-31A 1015 1015 1300?

LOC: 1657 CENTURY BLVD, LA

CENTIFIED A TRUE AND CORRECT COPY OF ORIGINAL MAINTAINED WITHIN FILES OF THE LOS ANGELES COUNTY SHEDIFFIS

DEPARTMENT - LENNOX STATION 49

TITLE - NAME EMPLOYEE NUMBER



CLR: 779 Assist Station Unit

NARR: ASSISTED 31A RE: INVOLVED IN FIGHT, TRANS THEOPRIC BLOODSHAW MB/062457 TO DANIEL FREEMAN

Report Date: 11/28/02

## UNIT HISTORY REPORT LENNOX

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```
Shift: 2
 Unit: 31D
                                  Shift Date: 11/08/02
 /0533* LOGON () ,X,,31D,D,,Y,2,0500,1300,292992,,,432977,,,65809,,214,S/G
 /0533* MDTON (292992) MDT00763 <000>
 /0534* ** ASSIGN/D (292992) LNX02312-0033 R/924B LNX <000>
 /0534* 10/97 (292992) LNX02312-0033, OVERRIDE TIME = 0500 <000>
 /0539* 10/98 (292992) LNX02312-0033 <000>
 /0540* CLEAR (292992) ,LNX02312-0033,,754,758,,,,,BRIEFING AND VEH
 /0546* INQ (292992) VEH,4GCM663,CA,,,,,,,, <000>
 /0551* INQ (292992) VEH, 4GUL783, CA, , , , , , <000>
 /0553* INQ (292992) VEH,4WQU802,CA,,,,,,, <000>
 /0555* INQ (292992) WANT9,,CA,GRAY,CALVIN,,,,,,M,B,,,,,080180,,,,,,,,,,, <000>
/0557* INQ (292992) VEH, 4WKF845, CA, ..., <000>
/0610* INQ (292992) VEH, 4RGR370, CA,,,,,,, <000>
/0616* INQ (292992) VEH, 3UYL940, CA,,,,,,, <000>
/0620* INQ (292992) VEH, 2ZFD870, CA.,,,,,, <000>
/0621* INQ (292992) VEH, 1DUC544, CA, , , , , , , <000>
/0622* INQ (292992) VEH,2CUT635,CA,,,,,,, <000>
/0624* INQ (292992) VEH, 3HPU352, CA,,,,,,, <000>
/0625* INQ (292992) VEH, 3KEB770, CA, , , , , , , <000>
/0625* INQ (292992) VEH,3KEB720,CA,,,,,,, <000>
/0633* INQ (292992) VEH, 4UQF674, CA,,,,,,, <000>
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/0638* INQ (292992) VEH.4ZEE181,CA,,,,,,, <000>
/0639* INQ (292992) VEH,4GXT184,CA,,,,,,, <000>
/0645* INQ (292992) VEH, 4VYE177, CA, ..., <000>
/0647* INQ (292992) VEH, 3XEK737, CA, , , , , , <000>
/0649* INQ (292992) VEH, 4LEY148, CA, , , , , , , <000>
/0649* INQ (292992) VEH, 4WKV655, CA,,,,,,, <000>
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/0650* INQ (292992) VEH, 2GRE900, CA, , , , , , , <000>
/0650* INQ (292992) VEH, 3KCV279, CA, , , , , , , <000>
/0654* INQ (292992) VEH, JMEOWS, CA, , , , , , , <000>
/0659* INQ (292992) WANT9,,CA,KING,JAMES,LEE,,,,,M,B,,,,,080253,,,,,,,,,,, <000>
/0659 HIT () IW S 292992 MDT0 ,CA0190099 ,KING JAMES ,LEE M B ,000 000 080253 000 CA
, 00000000 00000000 ,H 004 F 003 M 001 O 000 00 , N KING JAMES LEE ,M B 080253 511 150
BLK BRO ,XSC3 031202 NO BAIL ,610 W CENTURY BL #2 LA CA ,XSCTA05832103 ,W F 11352(A)/HS
F , N KING JAMES ,M B 080156 510 170 BLK BRO ,LAM4 040993 $273 , UNKNOWN LA CA
,097019819420 RSTR: ,W M 40508A/VC M ,21954A/VC I ,PED CA , N KING JIM * ,M B 061654
601 210 BLK BRO ,XNE3 113001 $50000 ,965 RAYMOND AV PAS CA ,XNEGA03769801
/0659 HIT () SEARCH REVEALS: HIT MADE ON NAM/KING, JAMES LEE FELONY WARRANT 3599 DANGEROUS
DRUG NAM/KING, JAMES LEE 19530802 M B 511 150 BLK BRO POB/AR BAIL/NO BAIL FCN/2320207102243
NIC/W242430603 ENTERED/CALIF-NCIC HIT MADE ON AKA/KING, JIM FELONY WARRANT 3599 DANGEROUS
DRUG NAM/KING, JAMES ROY 19630811 M B 601 210 BLK BRO POB/CA AKA/KING, BUD
                              ADB/19620811 SOC/553191458 ST/CA DDL/C4141530
  KING, JIM
                 KING, JEROME
                              19620822
19540616
/0659 HIT () HIT MADE ON NAM/KING, JAMES HIT # 001 DO NOT ARREST OR DETAIN BASED
ON THIS RESPONSE COUNTY PROBATION RECORD NAM/KING, JAMES 19530802 M B 601 150 BRO BLK
OLN/A3703683 HOME CITY/LOS ANGELES PRIMARY OFFENSE/NARCOTICS DISCHARGE DATE/20520312
AGENCY/LOS ANGELES PROBATION DEPT CONTACT MNE/AVPW REC TYPE/PRO IDN/X00267247 OR ONLY
FCN/C770107402954 HIT # 002 DO NOT ARREST OR DETAIN BASED SOLELY ON THIS RESPONSE CDC
```

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## UNIT HISTORY REPORT LENNOX

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Unit: 31D
                   Shift: 2
                                Shift Date: 11/08/02
 PAROLE RECORD NAM/RIVERS, JAMES GREGORY 19530224 M B 509 146 BRO BLK
                                                               OLN/N
 /0659 HIT () MKE/WANTED PERSON NAM/KING, JAMES LEE SEX/M RAC/B POB/AR DOB/19530802 WGT/150
 EYE/BRO HAI/BLK FBI/947548KA8 OFF/DANGEROUS DRUGS
 /0659 ACK (227636) HIT
 /0659 ACK (227636) HIT
 /0659 ACK (227636) HIT
 /0700 ACK (227636) HIT
 /0702 ** ASSIGN/B (475469) LNX02312-0052 P/909A 1929 115TH ST, LA
 /0703* ** ASSIGN/D (292992) LNX02312-0053 R/925 9201 NORMANDIE AV, LA <000>
 /0703* 10/97 (292992) LNX02312-0053 <000>
 /0703* ACK (292992) LNX02312-0052 <000>
 /0703* 10/15 (292992) <000>
 /0707* INQ (292992) BOOK1, LNX, KING, JAMES, LEE, , <000>
 /0707 CHGHDL (475469) LNX02312-0052,31D/D->31/D
/0746* INQ (292992) DRIVER, KING, JAMES, L, , 080253, , , , X <000>
/0759* 10/98 (292992) LNX02312-0053 <000>
/0759* ENR (292992) LNX02312-0052 <000>
/0801* CLEAR (292992) ,LNX02312-0053,,283,,,,,ARRESTED JAMES LEE KING MB/0,80253
/0810* 10/97 (292992) LNX02312-0052 <000>
/0812* INQ (292992) VEH, 4FYJ295, CA,,,,,,, <000>
/0819 ** ASSIGN/B (475469) LNX02312-0068 E/902R 2041 CULLIVAN ST,LA
/0819* ACK (292992) LNX02312-0068 <000>
/0819* 10/98 (292992) LNX02312-0052 <000>
/0819* ENR (292992) LNX02312-0068 <000>
/0821* 10/97 (292992) LNX02312-0068 <000>
/0849 CHGHDL (475469) LNX02312-0068,31D/D->31A/D
/0905* 10/98 (292992) LNX02312-0068 <000>
/0908* CLEAR (292992) ,LNX02312-0068,,780,,,,,ASSISTED 31A RE:902R,927D
/0908* CLEAR (292992) ,LNX02312-0052,,780,,,,,ASSISTED 31 RE:9095,AS
                                            ,,,,, <000>
/0912 ** ASSIGN/D (475469) LNX02312-0084 R/925'S 1025 B9TH ST,LA
/0912* ACK (292992) LNX02312-0084 <000>
/0912* ENR (292992) LNX02312-0084 <000>
/0919* 10/97 (292992) LNX02312-0084 <000>
/0931* INQ (292992) WANT9,,CA,SOTELO,JUAN,,,,,,M,H,,,,,021589,,,,,,,,,X <000>
/1007 ** ASSIGN/D (475469) LNX02312-0099 R/930 12117 BUDLONG AV, LA
/1013* ACK (292992) LNX02312-0099 <000>
/1014* 10/98 (292992) LNX02312-0084 <000>
/1015* ** ASSIGN/D (292992) LNX02312-0105 R/X-31A 1657 CENTURY BLVD, LA <000>
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/1015* UTH (292992) LNX02312-0099 <000>
/1015* 10/15 (292992) <000>
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/1056* INQ (292992) BOOK1, LNX, BLOODSHAW, THEOPRIC, KENT, , <000>
/1254* CLEAR (292992) ,LNX02312-0084,,212,,,,,CHKD LOC
/1257* 10/98 (292992) LNX02312-0105 <000>
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## UNIT HISTORY REPORT LENNOX

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Unit: 31D Shift: 2 Shift Date: 11/08/02 /1257\* CLEAR (292992) ,LNX02312-0105,,779,,,,,ASSISTED 31A RE:INVOLVED IN,FIGHT,TRANS THEOPRIC BLOODSHAW M, B/062457 TO DANIEL /1258\* CHGPATROL (292992) /000 -> 06/092 <000> /1258\* LOGOFF (292992) <000> /1258\* MDTOFF (292992) <000>

ase 5:08-cv-03315-JF

DEPUTY DAILY WORKSHEET

11/28/02 0111

STATION: LNX

UNIT: 31F

SHIFT: D DATE: 11/08/02

0500 - 1300

CLASS: 2

TYPE: P

# 263046 SIMPSON THOMAS D

# 267058 CARTER DEXTER

0/T:

O/T PA:

VEH: SD1531

MILES: ( 86234 -> 86269 ) ; 35

MOBILE: 13409

SPEC EQP: S/G5

PORTABLES: 18494

18490

ARRESTS /FEL-MA:

FA: FA:

MJ: FJ: MJ: FJ:

CITS/HZ:

NHZ:

PKG:

/MSD-MA: PATROL AREA/TIME: 06/149

TIME-SHIFT: 480

TT:32

HDL: 299

WRT:0

PTL:149

UNALLOC: 0

RPTS:

INCIDENT ASSIGNMENTS:

TAG# CODE DISP

ACK

ENRT

10/97

10/98

RD#

OR

HDL

URN

0036 924B 0540 0500? 0540 0381

WRT

LOC: LNX

CLR: 754 STATION SERVICE: Briefing

CLR: 758 STATION SERVICE: Station Service

0052 909A

0725

0725

0725

0725

0950

0373 A C P

0378 A C R

145

4.0

LOC: 1929 115TH ST, LA CLR: 780 Assigned Assist

0095 919

0944

0949

0950

0957

1001

0378

LOC: 1358 GEDDES ST, LA

CLR: 212 DISORDERLY CONDUCT: Disturbing The Peace/Court Disturbances

NARR: C/SCOTT, FRANK MB/A

ANTOINETTE NOT AT LOC

0099 930

1001

STATUS: \*\*\*UTH at 1004

LOC: 12117 BUDLONG AV, LA

0101 924C

1005

1005

1113

0399

6.8

LOC: ONE REGENT ST, ING

CLR: 752 STATION SERVICE: Appearance, Court

D116 242R

1126

1142 1205 1210

1226

0374

16

LOC: 1249 91ST ST, LA

CLR: 144 ASSAULT, MISDEMEANOR: Hands, Feet, Fist, Etc.

CLR: 777 Assist Citizen

MARR: C/DILTON RAMOS MB/J

NON DESIROUS OF RPT BUT WANTS

INCREASED PATROL IN THE

AREA OF 108TH/ NORMANDIE AV, LA

0121 415B 1136

1142

1144

1149 1152 0378

CENTREDATRUE AND CORRECT COPY OF ORIGINAL MAINTAINED WITHIN FILES

LOC: 1360 IMPERIAL HWY, LA "EL POLLO LOCO" CLR: 212 DISORDERLY CONDUCT: Disturbing The Peace/Court Disturbances TATION

OF THE LOS ANGELES COUNTY SHERIPF &

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CLR: 212 DISORDERLY CONDUCT: Disturbing The Peace/Court Disturbances

0122 459R 1137 1142 1154 1157 1205 0399 C R

LOC: 10511 WESTERN AV, LA CLR: 764 Call Cancelled

NARR: DP WAS GPA/UTL

CLR: 775 Assist Police Department (Not LASD)
NARR:LOC IS OUT OF OUR STA PATROL AREA

0137 930 1231 1231 1231 1238 1240 0373 9 R 7 2

LOC: 11407 WESTERN AV, LA

CLR: 212 DISORDERLY CONDUCT: Disturbing The Peace/Court Disturbances

NARR: C/LOPEZ, JAVIER MH/A RE TAXI FARE INF NON DESIROUS OF RPT AT THIS TIME. WANTED HIS

SPOKE TO MGR CAMPOS, RUTH FH/A

MONEY ONLY UTL ANY SUS

0138 415LT 1234 1234 1243 1248 1301 0372 C R 5 13

LDC: 1157 104TH ST, LA

CLR: 212 DISORDERLY CONDUCT: Disturbing The Peace/Court Disturbances

NARR: C/NICHOLS FB/A AND RUTH FB/APARTIES WILCO

0146 924B 1304 1304 1304 0381 O R 0

LOC: LNX

CLR: 754 STATION SERVICE: Briefing

CLR: 758 STATION SERVICE: Station Service

Report Date: 11/28/02

#### UNIT HISTORY REPORT LENNOX

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Shift: 2
  Unit: 31F
                               Shift Date: 11/08/02
  /0539* LOGON ()
  ,x,,31F,D,110802,Y,2,0500,1300,263046,,,267058,,,86234,,SD1531,S/G5,13409,18494,18490,,,,,
         ,,,,, <000>
  /0539* MDTON (263046) MDT01056 <000>
  /0540* ** ASSIGN/D (263046) LNX02312-0036 R/924B LNX <000>
  /0540* 10/97 (263046) LNX02312-0036, OVERRIDE TIME = 0500 <000>
  /0540* 10/98 (263046) LNX02312-0036 <000>
  /0540* CLEAR (263046) ,LNX02312-
  /0723* INQ (263046) VEH, 1FER164, CA, , , , , , , <000>
  /0725* ** ASSIST/S (263046) LNX02312-0052 P/909A 1929 115TH ST, LA <000>
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  /0725* ENR (263046) LNX02312-0052 <000>
  /0725* 10/97 (263046) LNX02312-0052 <000>
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 115TH ST LOS ,H 003 F 000 M 002 O 001 00 , N JOHNSON ROBERT CLYDE ,M B 070266 510 165
 BLK BRO , LAA4 112791 $8000 ,1919 E 115TH ST LA CA , LAA90R2874001 RSTR , W M 243(E)/PC M
  N KING CARL FRANKLIN ,M X 072645 XXX XXX ,LAM4 032795 $368 ,1919 E 115TH ST LA CA
 ,502218319420 RSTR A0158549 CA ,L M 40508A/VC M ,4000A/VC I * ,628GGL CA , N SAREZ
 SALVADOR CARDO ,M H 030156 600 190 BRO BRO ,COM4 091092 $677 ,1919 E 115T
. /0821 ACK (409547) HIT
 /0944 ** ASSIGN/D (475469) LNX02312-0095 R/919 1358 GEDDES ST,LA
 /0949* ACK (263046) LNX02312-0095 <000>
 /D950* 10/98 (263046) LNX02312-0052 <000>
 /0950* CLEAR (263046) ,LNX02312-
 /0950* ENR (263046) LNX02312-0095 <000>
 /0954* INQ (263046) WANT9, CA....., 1358, GEDDES, ST., LOS ANGELE, X <000>
 /0957* 10/97 (263046) LNX02312-0095 <000>
 /1001* 10/98 (263046) LNX02312-0095 <000>
 ./1001 ** ASSIGN/D (475469) LNX02312-0099 R/930 12117 BUDLONG AV, LA
 /1002* ACK (263046) LNX02312-0099 <000>
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 /1004* UTH (263046) LNX02312-0099 <000>
 //1005* ** ASSIGN/D (263046) LNX02312-0101 R/924C ONE REGENT ST, ING <000>
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 /1113* CLEAR (263046) ,LNX02312-
 /1126 ** ASSIST/D" (475469) LNX02312-0116 R/242R 1249 91ST ST, LA
 /1126 CHGHDL (475469) LNX02312-0116,34A/D->31F/D
 /1136 NOACK () LNX02312-0116
 /1136 ** ASSIGN/D (475469) LNX02312-0121 R/415B 1360 IMPERIAL HWY, LA "EL POLLO LOCO"
 /1137 ** ASSIGN/D (475469) LNX02312-0122 R/459R 10511 WESTERN AV, LA
 /1142* ACK (263046) LNX02312-0122 <000>
 /1142* ACK (263046) LNX02312-0121 <000>
 /1142* ACK (263046) LNX02312-0116 <000>
 /1144* ENR (263046) LNX02312-0121 <000>
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Unit: 31F
                  Shift: 2
                              Shift Date: 11/08/02
  /1149* 10/97 (263046) LNX02312-0121 <000>
  /1152* 10/98 (263046) LNX02312-0121 <000>
  /1153* CLEAR (263046) ,LNX02312-0121,,212,,,,,DP WAS GPA/UTL,SPOKE TO MGR CAMPOS,RUTH
  /1153* ENR (263046) LNX02312-0116 <000>
 /1154* HOLD (263046) LNX02312-0116 <000>
 /1154* ENR (263046) LNX02312-0122 <000>
 /11.57* 10/97 (263046) LNX02312-0122 <000>
 /1205* 10/98 (263046) LNX02312-0122 <000>
 /1205* CLEAR (263046) ,LNX02312-0122,,764,775,,,,LOC 15 OUT OF OUR STA, PATROL
 /1205* ENR (263046) LNX02312-0116 <000>
 /1210* 10/97 (263046) LNX02312-0116 <000>
 /1226* 10/98 (263046) LNX02312-0116 <000>
 /1226* CLEAR (263046) , LNX02312-0116, ,144,777, ,, ,, C/DILTON RAMOS MH/J, NON DESIROUS OF RPT
 BUT WANTS, INCREASED PATROL IN THE AREA OF, 108TH/ NORMANDIE
 /1231 ** ASSIGN/D (475469) LNX02312-0137 R/930 11407 WESTERN AV.LA
 /1231* ACK (263046) LNX02312-0137 <000>
/1231* ENR (263046) LNX02312-0137 <000>
/1234 ** ASSIGN/D (475469) LNX02312-0138 R/415LT 1157 104TH ST, LA
/1234* ACK (263046) LNX02312-0138 <000>
/1236* INQ (263046) DRIVER, B8213354,,,,,,, X < 000>
/1238* 10/97 (263046) LNX02312-0137 <000>
/1240* 10/98 (263046) LNX02312-0137 <000>
/1243* CLEAR (263046) ,LNX02312-0137,,212,,,,,,C/LOPEZ,JAVIER MH/A RE,TAXI FARE INF NON
DESIROUS OF R, PT AT THIS TIME. WANTED HIS MONE, Y ONLY UTL ANY
/1243* ENR (263046) LNX02312-0138 <000>
/1248* 10/97 (263046) LNX02312-0138 <000>
/1252 INQ (243310) VEH,31F,,X,,,4M05102,CA;,,,,,,,,,X
/1253 ACK (243310) RESP
/1301* 10/98 (263046) LNX02312-0138 <000>
/1303* CLEAR (263046) ,LNX02312-0138,,212,,,,,C/NICHOLS FB/A AND RUTH FB/A,PARTIES
/1304* ** ASSIGN/D (263046) LNX02312-0146 R/924B LNX <000>
/1304* 10/97 (263046) LNX02312-0146 <000>
/1304* 10/98 (263046) LNX02312-0146 <000>
/1304* CLEAR (263046) ,LNX02312-
/1306* CHGENDMILES (263046) 000000 -> 86269 <000>
/1306* CHGPATROL (263046) /000 -> 06/149 <000>
/1306* LOGOFF (263046) <000>
/1306* MDTOFF (263046) <000>
```

HE 24 130-131

DEPUTY DAILY WORKSHEET 11/28/02 0111

STATION: LNX

UNIT: 34A

SHIFT: D DATE: 11/08/02 0600 - 1400

CLASS: 1

TYPE: P

# 438140 FORMICA WILLIAM J

O/T PA:

MILES: ( 27499 -> 27595 ) : 96 VEH: SD2206

MOBILE: 16086

SPEC EQP: SG22, SS

PORTABLES: 18601

ARRESTS / FEL-MA:

FA: FA: MJ: MJ: CITS/HZ:

O/T:

NHZ:

PKG.

/MSD-MA: PATROL AREA/TIME: 07/174

TIME-SHIFT: 480 TT: 33

HDL: 272 WRT:0 PTL:174

UNALLOC: 1

RPTS:

INCIDENT ASSIGNMENTS:

TAG#

CODE DISP

ACK

ENRT

0620

0621

10/97 10/98

0621

FJ:

RD# A S P

0333 A C R

WRT

HDL

URN

0615 LOC: 15901 HAWTHORNE BL, LAW X/MANHATTAN BEACH BL

CLR: 780 Assigned Assist

0041 924B

0039 459A

0620

0558

0600? 0601? 0610?

0381 O R

LOC: LNX

CLR: 754 STATION SERVICE: Briefing

CLR: 758 STATION SERVICE: Station Service

NARR: VEH SVC/BRIEF

0049 924P 0638

0638

.0719

0713 0388

CLR: 800 Directed Patrol Time

LOC: EL CAMINO VILLAGE, ECV

NARR: PTL CHK OK

0055 905V 0713 0713 LOC: 4205 166TH ST, LAW

CLR: 780 Assigned Assist

0061 927P 0728

0728

0728

0714

0736

0801

0751

0728

0385 A C P

0334 A C P

CLR: 780 Assigned Assist

LOC: 5531 124TH ST, HAW

0065 924P 0801

0859

0388

58

LOC: ALONDRA PARK

CLR: 800 Directed Patrol Time

NARR: PTL CHK OK

0084 925'8 1117 1117 1117 1119 1137

0370 A C P

18

LOC: 1025 89TH ST, LA CLR: 780 Assigned Assist

0089 917A 0919 0919

0919

0388 A

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DEPARTMENT - LENNOX STATION

LOC: 3728 156TH ST, GAR

STATUS: \*\*\*CAN at 1034

LOC: CENTURY BL/WILTON PL, LA CLR: 779 Assist Station Unit NARR: DEPUTY INVOLVED IN A FIGHT

0097 779 0949

0100 924 1001

NARR: STATION DETAIL

LOC: 1249 91ST ST, LA CLR: 780 Assigned Assist

NARR: NO OUTIDE EVD OF 459

LOC: LNX

0089 917A 0919 0919 0919

CLR: 758 STATION SERVICE: Station Service

LOC: 13305 CRENSHAW BL, HAW #3 RES (MARTINES) CLR: 700 NON-CRIMINAL: Alarm-Burglary

1001

1143

1244

0379

1333 1335 0375 9 P 11

1341 1400? 0381 O R

1034

0388 A C R 0949 1000 0399 0381 O R 0109 459A 1100 1100 1101 1107 1109 0379 C R 6 0116 242R 1121 1121 1137 1137 0374 A C R

LOC: 135TH ST/CRENSHAW BL, HAW CLR: 800 Directed Patrol Time

NARR: PTL CHK OK

0125 924P 1143

LOC: 1360 IMPERIAL HWY, LA "EL POLLO LOCO"

0151 415B 1322 1322 1322

CLR: 212 DISORDERLY CONDUCT: Disturbing The Peace/Court Disturbances

MARR: W/A HECTOR MACIA MH/A RE:415B 390. WILCO AND LEFT LOC

0162 924 1341

LOC: LNX

CLR: 758 STATION SERVICE: Station Service

Report Date: 11/28/02

## UNIT HISTORY REPORT LENNOX

Page 1 of 3

Unit: 34A Shift: 2 Shift Date: 11/08/02
/0547* LOGON () ,X,,34A,D,110802,Y,1,0600,1400,438140,,,,,27499,,SD2206,SG22,SS,,18601,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
/0547* MDTON (438140) MDT01223 <000>
/0558 ** ASSIST/D (475469) LNX02312-0039 R/459A 15901 HAWTHORNE BL,LAW X/MANHATTAN BEACH
/0608 NOACK () LNX02312-0039
/0615* ACK (438140) LNX02312-0039 <000>
/0620* ** ASSIGN/D (438140) LNX02312-0041 R/924B LNX <000>
/0620* 10/97 (43B140) LNX02312-0041 <000>
/0620* 10/98 (438140) LNX02312-0041 <000>
/0620* CLEAR (438140) ,LNX02312-0041,,754,758,,,,,VEH
SVC/BRIEF,,,,0381,,0600,0601,0610,,,,,,,,,,,,,,,,,,,,,,
/0621* 10/97 (438140) LNX02312-0039 <000>
/0621* 10/98 (43B140) LNX02312-0039 <000>
/0621* CLEAR (438140) ,LNX02312-
0039,,780,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
/0638* ** ASSIGN/D (438140) LNX02312-0049 R/924P EL CAMINO VILLAGE, ECV <000>
/0638* 10/97 (438140) LNX02312-0049 <000>
/0713* ** ASSIST/S (438140) LNX02312-0055 P/905V 4205 166TH ST, LAW <000>
/0713* ACK (438140) LNX02312~0055 <000>
70713 10798 (438140) LNX02312-0049 <0005
/0714* CLEAR (438140) ,LNX02312-0049,,800,,,,,PTL CHK OK,,,,0388,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
/0714* ENR (438140) LNX02312-0055 <000>
/0719* 10/97 (438140) LNX02312-0055 <000>
/0728 ** ASSIST/B (475469) LNX02312-0061 P/927P 5431 124TH ST, HAW
/0728* ACK (438140) LNX02312-0061 <000>
/0728* 10/98 (438140) LNX02312-D055 <000>
/0728* ENR (438140) LNX02312-0061 <000>
/0731* CLEAR (438140) ,LNX02312-
0055,,780,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
/0751* 10/98 (438140) LNX02312-0061 <000>
/0751* CLEAR (438140) ,LNX02312-
0061,,780,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
/0800* INQ (438140) VEH,4KZE703,CA,,,,,,,, <000>
/0801* ** ASSIGN/D:(438140) LNX02312-0065 R/924P ALONDRA PARK <000>
/0801* 10/97 (438140) LNX02312-0065 <000>
/0806* INQ (438140) VEH, 4GMN463, CA, ., ., ., . < 000>
/0859* 10/98 (438140) LNX02312-0065 <000>
/0900* CLEAR (438140) ,LNX02312-0065,,800,,,,,PTL CHK
OK,,,,0388,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
/0909* INQ (438140) VEH,4COZ216,CA,,,,,,, <000>
/0909* INQ (438140) VEH,2TAR245,CA,,,,,,, <000>
/0919 ** ASSIGN/D (475469) LNX02312-0089 R/917A 3728 156TH ST,GAR

Page 2 of 3

Uni	t: 34A	Shift: 2	Shift Date: 11/08/02
/09:	19* ACK (438140	) LNX02312-0089	<000>
/09:	19* ENR (438140)	) LNX02312-0089	<000>
/092	24* INQ (438140)	VEH, 3TXY373, C	Ά,,,,,,, <000>
/092	24* INQ (438140)	VEH, 4 TVG626, CA	A,,,,,,, <000>
/092	5* INQ (438140)	VEH, 4 RGP868, CA	A,,,,,,, <000>
/092	5* INQ (438140)	VEH,5Y94123,CA	A,,,,,,, <000>
/094	9* ** ASSIGN/D	(438140) LNX023	312-0097 R/779 CENTURY BL/WILTON PL, LA <000>
/094	9* HOLD (438140	) LNX02312-0089	9 <000>
/094	9* 10/97 (43814	0) LNX02312-009	97 <000>
/095	3* INQ (438140)	VEH, 4TUA446, CA	A,,,,,,, <000>
/100	0* 10/98 (43814	0) LNX02312-009	97 <000>
			097,,779,,,,,DEPUTY INVOLVED IN A
			,
•		0) LNX02312-010	·
/101	3* INQ (438140)	VEH, 2YGU066, CA	4,,,,,,, <000>
/101	5* INQ (438140)	VEH, 4XLD974, CA	1,,,,,,, <000>
/101	7* INQ (438140)	VEH, 3GJM830, CA	1,,,,,,, <000>
/1024	* INQ (438140)	VEH, 3JUH375, CA	4,,,,,,, <000>
/1034	* 10/98 (43814)	0) LNX02312-010	0 <000>
/1034	* CLEAR (43814)	)) ,LNX02312-01	00,,758,,,,,STATION
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			89,34A/D->34PE/D
•	CAN (475469)		000
-	•		,,,,,,,,, <000>
			, <000>
			,,,,,,, <000>
	= :		,,,,,,,, <000>
•	·=		,,,,,,,, <000> ,,,,,,,,, <000>
			,,,,,,,, <000>
•			<000>
•	·· <del>·</del>	• • • • • • • • • • • • • • • • • • • •	12-0109 R/459A 13305 CRENSHAW BL, HAW #3 RES (MARTINES)
· .		LNX02312-0109 <	·
•		LNX02312-0109 <	
,			
		) LNX02312-0109	
•	•	) LNX02312-0109	
	2411		09,,700,,,,,NO OUTIDE EVD OF
			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
/1115	* INQ (438140)	VEH, 3SWF783, CA,	<000>
/1117	* ** ASSIST/S (	438140) LNX0231	12-0084 P/925'S 1025 89TH ST,LA <000>
•	,	VEH, 3VQE768, CA,	
/1117	* ACK (438140)	LNX02312-0084 <	:000>
/1117	* ENR (438140)	LNX02312-0084 <	<000>
/1119	* INQ (438140)	VEH, 6C63550, CA,	.,,,,,, <000>
/1119	* 10/97 (438140	) LNXO2312-0084	1 <000>
/1121	** ASSIGN/D (	475469) LNX0231	L2-0116 R/242R 1249 91ST ST,LA

Report Date: 11/28/02

## UNIT HISTORY REPORT LENNOX

Page 3 of 3

```
Unit: 34A
                   Shift: 2
                               Shift Date: 11/08/02
 /1121* ACK (438140) LNX02312-0116 <000>
 /1126 CHGHDL (475469) LNX02312~0116,34A/D~>31F/D
 /1135* INQ (438140) VEH, 4RCB211, CA, , , , , , , <000>
 /1137* 10/98 (438140) LNX02312-0084 <000>
 /1137* CLEAR (438140) ,LNX02312-
 /1137* ENR (438140) LNX02312-0116 <000>
 /1137* 10/97 (438140) LNX02312-0116 <000>
 /1137* 10/98 (438140) LNX02312-0116 <000>
 /1138* CLEAR (438140) ,LNX02312-
 /1139* INQ (438140) VEH, 4RCB121, CA, , , , , , , <000>
 /1141* INQ (438140) VEH, 4EIM114, CA, , , , , , , <000>
/1141* INQ (438140) VEH, 3CBK140, CA,,,,,,, <000>
/1143* ** ASSIGN/D (438140) LNX02312-0125 R/924P 135TH ST/CRENSHAW BL, HAW <000>
/1143* 10/97 (438140) LNX02312-0125 <000>
/1143* INQ (438140) VEH, 4GDM392, CA,,,,,,, <000>
/1145* INQ (438140) VEH, 3XGW153, CA, , , , , , , <000>
/1145* INQ (438140) VEH, 4YAK634, CA, , , , , , , <000>
/1147* INQ (438140) VEH, 4RBB718, CA, , , , , , , <000>
/1149* INQ (438140) VEH, 2KWJ663, CA, , , , , , , <000>
/1150* INQ (438140) VEH, 3JKM793, CA, , , , , , , <000>
/1244* 10/98 (438140) LNX02312-0125 <000>
/1244* CLEAR (438140) ,LNX02312-0125,,800,,,,,PTL CHK
/1321* INQ (438140) VEH, 4NCM344, CA, , , , , , , <000>
/1322 ** ASSIGN/B (475469) LNX02312-0151 P/415B 1360 IMPERIAL HWY, LA "EL POLLO LOCO"
/1322* ACK (438140) LNX02312-0151 <000>
/1322* ENR (438140) LNX02312-0151 <000>
/1323* INQ (438140) VEH, 4FMA143, CA,,,,,,, <000>
/1333* 10/97 (438140) LNX02312-0151 <000>
/1335* 10/98 (438140) LNX02312-0151 <000>
/1336* CLEAR (438140) ,LNX02312-0151,,212,,,,,,W/A HECTOR MACIA MH/A RE:415,B 390. WILCO
/1338* INQ (438140) VEH, 4VFF068, CA, , , , , , , <000>
/1338* INQ (438140) VEH, 4UFY38, CA, , , , , , , <000>
/1338* INQ (438140) VEH, 4UFY738, CA, , , , , , , <000>
/1340* INQ (438140) VEH, 3LOK993, CA, , , , , , , <000>
/1341* INQ (438140) VEH, 3BEK506, CA, , , , , , <000>
/1341* ** ASSIGN/D (438140) LNX02312-0162 R/924 LNX <000>
/1341* 10/97 (438140) LNX02312-0162 <000>
/1348* 10/98 (438140) LNX02312-0162 <000>
/1348* CLEAR (438140) ,LNX02312-
/1348* CHGPATROL (438140) /000 -> 07/174 <000>
/1348* LOGOFF (438140) <000>
/1348* MDTOFF (438140) <000>
```

DEPUTY DAILY WORKSHEET

11/28/02 0111

STATION: LNX

UNIT: 31

SHIFT: D DATE: 11/08/02 0500 - 1300

CLASS: 2

TYPE: P

# 431399 HOFMEISTER CRISMAR A

0/T: 0/T:

O/T PA:

# 440101 SAMEYAH DAVID **VEH: 1704** 

MILES: ( 90702 -> 90808 ) : 106

MOBILE: 11664

SPEC EQP: SG

PORTABLES: 18471

18470

ARRESTS /FEL-MA:

FA:

FJ:

/MSD-MA:

FA:

MJ: MJ: FJ:

CITS/HZ:

NHZ:

PKG:

PATROL AREA/TIME: 06/047

TIME-SHIFT: 480 TT: 7

HDL: 424

WRT:0

PTL:47

UNALLOC: 2

RPTS:

INCIDENT ASSIGNMENTS:

CODE DISP

ACK

ENRT

10/97

10/98

RD#

HDL

0034 924B

0535

0500?

0500?

0608

0381

URN

LOC: LNX

CLR: 754 STATION SERVICE: Briefing

NARR: BRIEF

0051 503R 0645 0700 0701

0375 A C R

11596

LOC: 1112 112TH ST, LA

STATUS: \*\*\*CAN at 0842

0052 909A 0706 0706 0706 0713

0944?

0373 C P

151

LOC: 1929 115TH ST, LA

CLR: 774 Assist Public Utility

NARR: X-EDISON, DOWN POWER LINE

0099 930 1017 1017

0378 A C R

LOC: 12117 BUDLONG AV, LA

STATUS: \*\*\*UTH at 1022

010B 779

1026

0947?

0949? 1313

0399 O R

LOC: 1600 BLK CENTURY BL

CLR: 779 Assist Station Unit

NARR: X-31A AT HOSP RE INJURIES FR/415 DEPUTY

0150 924

1314 🤲

1314

1315

0381

CLR: 758 STATION SERVICE: Station Service

NARR: EOS

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TITLE - NAME:

EMPLOYER NUMBER

Report Date: 11/28/02

#### UNIT HISTORY REPORT LENNOX

Unit: 31	Shift: 2	Shift Date: 11/08/02	
/0535* LOGON ()	500.1300.431300	440707 00500 1550	
,, <000>	300,1300,431399,,	,440101,,,90702,,1704,SG,11	664,18471,18470,,,,,,,,,,
/0535* MDTON (4:	31399) MDT01715 <	000>	
/0535* ** ASSIG	N/D (431399) LNX0	2312-0034 R/924B LNX <000>	
	31399) LNX02312-0		
	31399) LNX02312-0	034 <000>	
/0608* CLEAR (43	31399) ,LNX02312-		
/0645 ** ASSIGN	RIEF,,,,,0381,,, N/D (475469) LNXO	0500,0500,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ST,LA
/0656 NOACK ()			
	99) LNX02312-005		
	99) LNX02312-005		
/0706 ** ASSIST	'/B (475469) LNX02	312-0052 P/909A 1929 115TH	ST, LA
	99) LNX02312-0052		•
	399) LNX02312-005		
	99) LNX02312-0052		
	75469) LNX02312-0		
	1399) LNX02312-00		
	75469) LNX02312-0	051,31/D->31PE/D	
	69) LNX02312-0051	210 2000 7/200 5245	31 52
	99) LNX02312-0099	312-0099 R/930 12117 BUDLON	G AV, LA
	99) LNX02312-0099 99) LNX02312-0099		
/1025* 10/98 (431			
		052,,774,,,,,X-EDISON,DOWN	DOMED.
LINE,,,,,0373,,,,	.,0950,,,,,,,,,,,,		<000>
/1026* ** ASSIGN/	'D (431399) LNX02.	12-0108 R/779 1600 BLK CENT	TURY BL <000>
/1026* 10/97 (431			
/1313* 10/98 (431			
/1313* CLEAR (431	.399) ,LNX02312-01	08,,779,,,,,X-31A AT HOSP	RE INJURIES FR,/415
/1314* ** ASSIGN/	D (431399) LNX02:	12-0150 R/924 LNX <000>	,,, <000>
/1314* 10/97 (431			:
/1315* 10/98 (431			
/1315* CLEAR (431	399) ,LNX02312-		
0150,,758,,,,,EO /1317* CHG10/980	S,,,,,0381,,,,,,, (431399) LNX02312	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,, <000>
/1319* CHGENDMILE	<b>S_(431</b> 399) 000000	-> 90808 <000>	·
/1319* CHGPATROL	(431399) /000 ->	06/047 <000>	
/1319* LOGOFF (43	1399) <000>		
/1319* MDTOFF (43)	1399) <000>		

H-R-77 (RED TTP) REV. for WP6.0 11/94

# COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT SUPPLEMENTAL REPORT

ATE:	11-08-02	FILE: 402-11595-0399-057
<b>:</b> :	ADW ON A PEACE OFFICER 245(C) /F/ 057	ACTION: Active, Additional Info
:	HOODYE SEAN MB/02-06-70	
:		
	BLOODSHAW, THEOPRIC KENT	

#### NARRATIVE

THE PURPOSE OF THIS SUPPLEMENTAL REPORT IS TO PROVIDE ACTIVE/ADDITIONAL INFORMATION REGARDING THE ABOVE INCIDENT.

WE RESPONDED TO 31A'S (DEPUTIES HOODYE #260296, AND SATO #470671) ASSISTANCE REQUEST RE: THEY WERE INVOLVED IN A FIGHT. AS WE ARRIVED TO THEIR LOCATION AT CENTURY BLVD/LA SALLE AVE. I SAW THAT THE DEPUTIES WERE STILL STRUGGLING WITH THE SUSPECT (LATER IDENTIFIED AS S/BLOODSHAW).

I RAN OVER AND ATTEMPTED TO GRAB S/BLOODSHAW'S RIGHT ARM AND PLACE IT BEHIND HIS BACK TO ASSIST IN THE HANDCUFFING. EVERY TIME I GRABBED S/BLOODSHAW'S ARM, HE WOULD SWING IT AROUND VIOLENTLY, BREAKING FREE FROM MY GRASP. MYSELF AND SEVERAL OTHER DEPUTIES REPEATEDLY ORDERED S/BLOODSHAW TO PLACE HIS HANDS BEHIND HIS BACK AND STOP FIGHTING US. ALL OF OUR ORDERS WERE IGNORED BY THE SUSPECT. AFTER SEVERAL ATTEMPTS, I WAS ABLE TO GRAB S/BLOODSHAW'S RIGHT ARM AND PLACE IT BEHIND HIS BACK. ANOTHER DEPUTY WAS ABLE TO GRAB THE SUSPECT'S OTHER ARM AND PLACE IT BEHIND THE SUSPECT'S BACK. THE SUSPECT WAS HANDCUFFED.

I SAW THAT S/BLOODSHAW HAD LACERATION ABOVE EACH EYE. HE WAS TREATED FOR HIS INJURIES BY L.A. CITY PARAMEDICS AND SUBSEQUENTLY TRANSPORTED TO DANIEL FREEMAN HOSPITAL IN THE CITY OF INGLEWOOD VIA AMBULANCE.

ONCE AT THE HOSPITAL, S/BLOODSHAW WAS TREATED FOR HIS INJURIES BY DOCTOR YARNELL UNDER PATIENT NUMBER 235831. WHILE AT THE HOSPITAL, S/BLOODSHAW REPEATEDLY STATED THE DEPUTIES WHO INITIALLY CONTACTED HIM HAD NO REASON TO ARREST HIM FOR THE WARRANT. S/BLOODSHAW FURTHER EXPLAINED THAT HE KNEW THAT THERE WAS A WARRANT FOR HIS ARREST FOR PAROLE VIOLATION, BUT SINCE HE DID NOT BELIEVE THAT A WARRANT SHOULD HAVE BEEN ISSUED, HE WAS NOT GOING TO BE ARRESTED, PERIOD.

AFTER BEING TREATED. S/BLOODSHAW WAS TRANSPORTED TO AND BOOKED AT LENNOX STATION WITH THE APPROVAL OF THE WATCH COMMANDER LT. ARAUJO.

BY: E	BRIONES,	PHILLIP #43	2977			
APPRO	VED:	Sof 2.	CLAKK	#213572	11-09-02	091044
ASSIGN	NED: -	1~×	DB.			
SECRE	TARY: _					

<del>38</del> - '	Case 5:08-cv-03315-JF Document 1-5		Abret
DATE:	11-09-02	FILE:	402-11595-0399-053
<b>D</b> :	ASSAULT WITH A DEADLY WEARTON ON A PEACE OFFICER 245(C)P.C.	ACTION:	ACTIVE/ADDITIONAL
<b>/</b> :	HOODYE,SEA, BRADELY		
):			

5:

BLOODSHAW, THEOPRIC

### **NARRATIVE**

THE PURPOSE FOR THIS SUPPLEMENTAL REPORT IS TO PROVIDE ADDITIONAL INFORMATION REGARDING ASSISTING FIELD DEPUTIES WITH THE ABOVE INCIDENT.

WHILE ASSIGNED TO UNIT 31/D WITH DEPUTY SAMEYAH #440101, WE RESPONDED TO A 415 DEPUTY INVOLVED FIGHT AT THE 1600 BLK OF CENTURY BL.. UPON ARRIVAL, WE SAW THE SUSPECT (LATER IDENTIFIED AS SUSPECT BLOODSHAW) HANDCUFFED AND SITTING DOWN ON THE STREET BETWEEN THE GUTTER AND RADIO CAR. DEPUTY SAMEYAH AND LASSISTED THE SUSPECT UP AND CONDUCTED A SEARCH OF HIS PERSON. DUE TO THE FACT, THAT S/BLOODSHAW HAD JUST BEEN INVOLVED IN A FIGHT WITH DEPUTIES, I HELD S/BLOODSHAW BY HIS LEFT ARM WHILE DEPUTY SAMEYAH SEARCHED HIM. ONCE S/BLOODSHAW HAD BEEN SEARCHED WE PUT HIM INTO THE BACK. OF THE RADIO CAR AND AWAITED PARAMEDICS.

WE THEN ESCORTED DEPUTIES HOODYE AND SATO TO CENTINELLA HOSPITAL WHERE THEY TREATED FOR THEIR INJURIES.

•		
BY: HOFMEIS	STER 431399	
APPROVED:	SOF K. CLANC = 213512	
ASSIGNED:	LNA DB	
SECRETARY:		

134 140

# COUNTY OF LOS ANGELES-SHERIFF'S DEPARTMENT SUPPLEMENTAL REPORT

. D <b>ATE:</b>	November 09, 2	FILE:	402-11595-0399-053
C:	Assault with Deedly Weepon on Peace Officer , 245(c) P.C.	ACTION:	Active/ Additional
	Hoodye, Sean (Deputy Sheriff # 260296)		
D: S:	Bloodshaw, Theopric		

## **NARRATIVE**

The purpose of this report is to provide active additional information on the arrest of the above mentioned suspect.

On November 08, 2002, we were assigned to Lennox Station as Unit 31F. We responded to the 1600 blk. of Century Blvd. regarding radio traffic of Deputies involved in a fight. Upon on arrival I observed S/Bloodshaw handcuffed sitting on the ground.

Deputy Sameyah arrived at the location seconds after I arrived. He assisted S/Bloodshaw from a stated to a standing position and placed S/Bloodshaw in the back seat of a patrol vehicle. Once S/Bloodshaw secured in the back seat of a patrol vehicle, I left the above location and continued mydaily patrol duties.



BY: Dex	ter Carter #26	7058	
APPROVE	D: A/857.	BEP J. MARITIN	437714
		UX-D-B.	
SECRETA	RY:		

# COUNTY OF LOS ANGELES-SHERIFF'S DEPARTMENT SUPPLEMENTAL REPORT

November 09, 2000	FILE:	402-11595-0399-053
Assault with Deadly Weapon on Peace Officer , 245(c) P.C.	ACTION:	Active/ Additional
Hoodye, Sean (Deputy Sheriff # 260296)		
Bloodshaw, Theopric		

## NARRATIVE

The purpose of this report is to provide active additional information on the arrest of the above mentioned suspect.

On November 08, 2002, we were assigned to Lennox Station as Unit 31F. We heard a radio transmission that stated a deputy was involved in a fight at Century Blvd. and Wilton Pl., in Los Angeles. We arrived at the location, but deputies were no where to be seen. Several additional radio transmissions placed the deputies at the 1600 block of Century Bl..

We heard another unit (31D, Deputies Briones and Magana) arrive at the (fight) location moments Additional radio communication was given stating that the suspect was still fighting with deputies:

Upon our arrival at the scene, we saw the suspect, a male, black, adult sitting on the ground. He was handcuffed and sitting upright. Deputy Sameyah (Unit 31) was at the location with us. He assisted the suspect to his feet and conducted a search, prior to placing him in the radio car.

Due to the increasing westbound traffic, I assisted in traffic control. Once the field sergeant (Sergeant Clark) arrived at the location and the situation was secure; we resumed our normal patrol assignment.



BY: Thomas	Simpson #263046	
APPROVED:	SGT K. CLARY # 213512	_
ASSIGNED:	LN11 DB	_
SECRETARY:		

SH-R-77 (RED TTP) REV. for WP6.0 11/94

# COUNTY OF LOS ANGELES-SHERIFF'S DEPARTMENT SUPPLEMENTAL REPORT

11-09-02	FILE: 402-11595-0399-053
ASSAULT WITH A DEADLY WEAPON ON A PEACE OFFICER 245(C)P.C.	ACTION: ACTIVE/ADDITIONAL
HOODYE, SEAN / SATO, BRADLEY	
BLOODSHAW, THEOPRIC	

## NARRATIVE

THE PURPOSE OF THIS SUPPLEMENTAL REPORT IS TO PROVIDE ADDITIONAL INFORMATION REGARDING MY OBSERVATIONS UPON ARRIVING TO THE LOCATION.

I RESPONDED TO THE 1600 BLOCK OF CENTURY BL REGARDING AN ASSISTANCE REQUEST BY FIELD DEPUTIES INVOLVED IN A FIGHT.

UPON ARRIVAL, THE SUSPECT HAD ALREADY BEEN PLACED IN THE BACK SEAT OF A BLACK AND WHITE MARKED PATROL UNIT AND DEPUTY HOODYE #260296 CLOSED THE REAR DOOR TO THE UNIT.

BY: WILLIA	M FORMICA #438140
APPROVED:	SUT K. CIARK # 213512
ASSIGNED:	LAY DG
SECRETARY:	

144 143 Case 5:08-cv-03315-JF

BA004642

Discovery 2

Case No. Code/Statute

PC 459

Conv. Date

County of Court

State Court Type

12/27/1989

LOS ANGELES

CA SUPERIOR

It is further alleged as to count(s) 1 and 2 that said defendant(s), THEOPRIC KENT BLOODSAW, was on and about the 27TH day of DECEMBER, 1989, in the SUPERIOR Court of the State of CALIFORNIA, for the County of LOS ANGELES, convicted of a serious felony, to wit: 1ST DEGREE BURGLARY, in violation of section 459 of the PENAL Code, case BA004642 within the meaning of Penal Code Section 667(a)(1).

It is further alleged as to count(s) 1, 2, and 3 pursuant to Penal Code section 667.5(b) that the defendant(s), THEOPRIC KENT BLOODSAW, has suffered the following prior conviction(s):

Case No.	Code/Statute	Conv. Date	County of Court	<u>State</u>	Court Type
BA004642	PC 459	12/27/1989	LOS ANGELES	CA	SUPERIOR
YA034031	H&S 11350	10/07/1997	LOS ANGELES	CA	SUPERIOR

and that a term was served as described in Penal Code section 667.5 for said offense(s), and that the defendant(s) did not remain free of prison custody for, and did commit an offense resulting in a felony conviction during, a period of five years subsequent to the conclusion of said term.

\*\*\*\*



I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT AND THAT THIS COMPLAINT, CASE NUMBER YA053506, CONSISTS OF 3 COUNT(S).

Executed at INGLEW	OOD, County of	f Los Ange	eles, on Novembe	er 13, 2002.	
		DECLA	ARANT AND CO	MPLAINANT	· Γ
STEVE COOLEY, DISTRICT	ATTORNEY	•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••		•••••••••••••••••••••••••••••••••••••••
		BY:			
		VIC	CTORIA L. ADAN	AS, DEPUTY	•
					•
AGENCY: LASD - LENNOX PATROL	<u>I/O</u> : MARK DE RENFROW		<u>ID NO</u> .: 274578	<u> PHONE</u> : 3	310-671-7531
<u>DR NO</u> .: 402-11595-0399-053	OPERATOR: DO	CS	PRELIM. TIME E	<u>ST</u> .: 2 HOUF	R(S)
DEFENDANT BLOODSAW, THEOPRIC KENT	<u>CII NO.</u> 008953256	<u>DOB</u> 6/24/1957	BOOKING NO. 7475221	BAIL RECOM'D \$220,000	CUSTODY <u>R'TN DATI</u> 11/13/2002

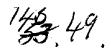
Pursuant to Penal Code Section 1054.5(b), the People are hereby informally requesting that defense counsel provide discovery to the People as required by Penal Code Section 1054.3.

#### FELONY COMPLAINT - ORDER HOLDING TO ANSWER - P.C. SECTION 872

It appearing to me from the evidence presented that the following offense(s) has/have been committed and that there is sufficient cause to believe that the following defendant(s) guilty thereof, to wit:

(Strike out or add as applicable)

THEOPRIC KE	NT BLOODSAW			
Count		Charge	Special	Alleg.
<u>No.</u>	Charge	Range	<u>Allegation</u>	<u>Effect</u>
1 2	PC 245(c) PC 243(c)(2)	3-4-5 16-2-3		
3	PC 422	16-2-3		
J	1 C 422	10 2 3	PC 1170.12(a)-(d)	MSP Check Code
	et e		PC 667(a)(1)	+5 yrs per prior
•			PC 667.5(b)	+1 yr. per prior
I order that the	defendant(s) be held t	o answer therefor	r and be admitted to bai	l in the sum of:
	<b>(</b> )			
THEOPRIC I	KENT BLOODSAW			Dollars
				<del>.</del>
				•
and be committee	ed to the custody of the	ne Sheriff of Los	Angeles County until s	uch bail is given. Date
of arraignment i	n Superior Court will	be:		
~	•			
THEOPRIC I	KENT BLOODSAW	<u>-</u>		in Dept
at:	A.M.			
4				
	•			
-				
Date:		-		·
			Committing Magistrate	
			,	





# Superior Court of California County of Los Angeles

November 29, 2004

CAS	SE NUMBER: YA053506 CASE NAME:
We a	re returning your check in the amount of \$ for the reason checked below:
	Remittance insufficient. A total of \$ is needed to process your order.
	Check unsigned.
	Check is not acceptable. Please return <b>NEW CHECK</b> , <b>MONEY ORDER or CERTIFIED CHECK</b> . If outside of the United States, amount must be remitted in United States currency. Please make check payable to the <b>LOS ANGELES SUPERIOR COURT</b> .
	Information given to us is not sufficient. Information needed: FULL NAME OF PARTY INVOLVED, APPROXIMATE YEAR ACTION WAS FILED AND THE CASE NUMBER IF AVAILABLE.
	As of this date, there is no record of the interlocutory, Judgment and /or Final Judgment.
	Document that you have requested has not been filed as of this date and office policy does not permit us to hold your check any longer.
	We are unable to ascertain just what documents you need from the information given.
	The fee for copies is 0.57 cents per page (Section 26854 Government Code).
	The fee for Certification of Divorce Judgment is \$11.00 per document.
	The fee for Certification is \$6.60 per document, in addition to any other fees. Exemplification fee \$20.00 in addition to any other fees.
	The fee for Case Number Search is \$5.00 per name per case (Section 26854 Government Code).
	In the future, we will not honor requests for information unless they are accompany by a STAMPED, SELF ADDRESSED ENVELOPE for your reply.
	The fee for examining a file or microfilm record and making a written report is \$7.00 for the first hour or fraction thereof, and \$5.00 each subsequent hour (Section 131.1 @Admin. Code. Los Angeles County.
	The fee for a Clerk's Certificate is \$6.00 in addition to any other fee. (Section 131.1 Admin. Code, Los Angeles County.
$\boxtimes$	Other: FOR COPIES MAIL REQUEST TO TORRANCE COURTHOUSE 825 MAPLE AVENUE TORRANCE, CA. 90503 ROOM-100
	JOHN A. CLARKE  Executive officer/clerk of the Los Angeles Superior Court  County of Los Angeles  BY:  DEPUTY

LEGAL STATUS	UMMUREV-033P5-JF DDocumers 1-5	Filed & Bas Gargany	2003 21:40
CDC NUMBER P20045	NAME BLOODSAW, THEOPRIC, KENT	ETHNI BLA	BIRTHDATE 06/24/1958
TERM STARTS 06/11/2003	MAX REL DATE MIN REL DATE 11/27/2023 11/24/2019	TE MAX ADJ REL DT 9 11/27/2023	MIN ADJ REL DT 11/24/2019なべ
BASE TERM 10/00	) + ENHCMNTS 11/04 = TOT TER	RM 21/04	PAROLE PERIOD 3 YRS
PRE-PRISON + F	POST SENTENCE CREDITS 1-5 P1203-3 P2900-1 CRC-CRED	MH-CRED P4019 P2	931 POST-SENT TOT
	85	92	28 305
REGISTRATION R PC296 DNA COMP	EQUIRED PER H11590 LETED		
RECV DT/ COUN CNT OF	TY/ CASE SENTENCE DAT F-CODE DESCRIPTION		CREDIT OFFENSE CODE DATE
CONTROLLING PR	INCIPAL & CONSECUTIVE (INC	 LUDES ENHANCEMENTS	
CONTROLLING			/ OI LENGED / :
6/11/2003 LA	YA053506 5/13/2003 01 P667.5(B) PPT-NV		3
01 P245(C)	01 P667(A) 01 PFC SE ADW ON PO OR FIREMAN	RIOUS	3 3 11/08/2002
02 P243(C)(2)	(U)WPN BATT ON PO (U)WPN	CS	3 11/08/2002
03 P422 04 P203	TERRORIST THREAT MAYHEM ATT	CS CS	3 11/08/2002 3 11/08/2002
05 P203	MAYHEM ATT	CS	3 11/08/2002
NON-CONTROLLING			
11/24/1998 LA 01 H11350A	YA034031 11/16/1998 POSS CONTROL/SUB PR		1 08/15/1997
· 			
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BEG 11/24/1998	*****BEG BAL***		
ADD 06/11/2003 BCL 10/23/2003 ADD 06/11/2003	YA053506 IV3100472 3062(H) YA053506	30 30	
CURRENT PC B	=	RRENT BC BALANCE:	1464

\*\*\*\*\*\* CONTINUED \*\*\*\*\*

LEGAL STATUS as two Act of the Property of the

INMATE'S COPY

HEALTH INFORMATION SERVICES CALIFORNIA MEN'S COLONY P O BOX 8101 SAN LUIS OBISPO CA 93409-8101

TO: Sheoprick Bloodson SS# 437-98-553>

CDC#: E 4094

SSN#: P 20045 DOB:

Receipt of a request for medical information on the above patient is acknowledged. Any items checked below are applicable to this

RE:

1T	ne above-named inmate is no longer housed at this institution. He is currently at
2T	ne above-named inmate's medical records have been sent to his paroling region:
	Region 1, P&CSD Case Records - North, 2015 Aerojet Rd, Rancho Cordova, CA, 05749
<b>&gt;</b>	Region II, P&CSD Case Records - North, 2015 Aerojet Rd, Rancho Cordova, CA, 95742, ACC P  Region III, P&CSD Case Records - South, 9160 Cleveland Avenue, Suite 101, Rancho Cucamonga, CA, 91730.  Region IV, P&CSD Case Records - South, 9160 Cleveland Avenue, Suite 101, Rancho Cucamonga, CA, 91730.
_	5 O'Cleveland Avenue, Suite 101, Possible of
The address	California Correctional Facility, Aeorjet Campus, 2015 Aerojet Rd, Rancho Cordova, CA, 95742. Attacks inmate has been discharged from the Department of Corrections. His records are stored in our Archives Unit. Their
	California Department of Corrections

California Department of Corrections Departmental Archives Unit Acorjet Campus 2015 Aerojet Rd , Atta D Rancho Cordova CA 95742

Your request has been forwarded to the inmate's current institution, paroling region offices or Archives Unit. For future reference, make note of the address checked above and send all further inquiries to that institution.

Sincerely, My Blooksan under coc # E 40947 your. were sent to archives when you in Parkle in 2.96. Under CACH P20045. Health Information Services, Correspondence

medcorre.doc:rb:98

1124 H49 Case 5:08-cv-03315-JF Document 1-5 Filed 07/09/2008 Page 37 of 50 44:150

# SUPERIOR COURT OF THE STATE OF CALIFORNIA FOR THE COUNTY OF LOS ANGELES

THE PEOPLE OF THE STATE OF CALIFORNIA,

Plaintiff,

v

01 THEOPRIC KENT BLOODSAW (6/24/1957) (Bk# 7475221),

aka JONATHON BLEDSOE,

aka KENT THEOPRIC,

aka LARRY BOWMAN,

aka MARK BLOODSAW,

aka THEO BLOODSAW,

aka THEOPRIC BLOODSHAW,

aka THEOPRIC BLOODSOE

Defendant(s).

CASE NO. YA053506

INFORMATION

Arraignment Hearing Date: 12/18/2002

Department: SW G

#### INFORMATION SUMMARY

Ct. <u>No.</u>	Charge	Charge Range	Defendant	Special Allegation	Alleg. Effect
1	PC 245(c)	3-4-5	BLOODSAW, THEOPRIC KENT		
				PC 1170.12(a)-(d) PC 667(a)(1) PC 667.5(b)	MSP Check Code +5 yrs per prior +1 yr. per prior
2	PC 243(c)(2)	16-2-3	BLOODSAW, THEOPRIC KENT		
				PC 1170.12(a)-(d) PC 667(a)(1) PC 667.5(b)	MSP Check Code +5 yrs per prior +1 yr. per prior
3	PC 422	16-2-3	BLOODSAW, THEOPRIC KENT		
				PC 1170.12(a)-(d) PC 667.5(b)	MSP Check Code +1 yr. per prior

The District Attorney of the County of Los Angeles, by this Information alleges that:

Case 5:08-cv-03315-JF Document 1-5 Filed 07/09/2008 Page 38 of 50

#### COUNT 1

On or about November 8, 2002, in the County of Los Angeles, the crime of ASSAULT UPON PEACE OFFICER OR FIREFIGHTER, in violation of PENAL CODE SECTION 245(c), a Felony, was committed by THEOPRIC KENT BLOODSAW, who did willfully and unlawfully commit an assault with a deadly weapon and instrument and by force likely to produce great bodily injury upon the person of DEP. SEAN HOODYE when said defendant(s), THEOPRIC KENT BLOODSAW knew and should have known that said person was a peace officer then and there engaged in the performance of his/her duties . "NOTICE: The above offense is a serious felony within the meaning of Penal Code section 1192.7(c)." "NOTICE: Conviction of this offense will require you to provide specimens and samples pursuant to Penal Code section 296. Willful refusal to provide the specimens and samples is a crime."

\* \* \* \*

#### COUNT 2

On or about November 8, 2002, in the County of Los Angeles, the crime of BATTERY WITH INJURY ON A PEACE OFFICER, in violation of PENAL CODE SECTION 243(c)(2), a Felony, was committed by THEOPRIC KENT BLOODSAW, who did unlawfully use force and violence and inflict an injury upon the person of DEP. BRAD SATO when said defendant(s), THEOPRIC KENT BLOODSAW knew and reasonably should have known that said person was a peace officer then and there engaged in the performance of duty.

"NOTICE: Conviction of this offense will require you to provide specimens and samples pursuant to Penal Code section 296. Willful refusal to provide the specimens and samples is a crime."

\* \* \* \*

125 157 65 5:08-cv-03315-JF Document 1-5 Filed 07/09/2008 Page 39 of 50

#### COUNT 3

On or about November 8, 2002, in the County of Los Angeles, the crime of CRIMINAL THREATS, in violation of PENAL CODE SECTION 422, a Felony, was committed by THEOPRIC KENT BLOODSAW, who did willfully and unlawfully threaten to commit a crime which would result in death and great bodily injury to DEP. SEAN HOODYE, with the specific intent that the statement be taken as a threat. It is further alleged that the threatened crime, on its face and under the circumstances in which it was made, was so unequivocal, unconditional, immediate and specific as to convey to DEP. SEAN HOODYE a gravity of purpose and an immediate prospect of execution. It is further alleged that the said DEP. SEAN HOODYE was reasonably in sustained fear of his/her safety and the safety of his/her immediate family.

"NOTICE: The above offense is a serious felony within the meaning of Penal Code section 1192.7(c)."

It is further alleged pursuant to Penal Code sections 1170.12(a) through (d) and 667(b) through (i) as to count(s) 1, 2, and 3 that said defendant(s), THEOPRIC KENT BLOODSAW, has suffered the following prior conviction of a serious or violent felony or juvenile adjudication:

Case No.	Code/Statute	Conv. Date	County of Court	<u>State</u>	Court Type
BA004642	PC 459	12/27/1989	LOS ANGELES	CA	SUPERIOR

It is further alleged as to count(s) 1 and 2 that said defendant(s), THEOPRIC KENT BLOODSAW, was on and about the 27TH day of DECEMBER, 1989, in the SUPERIOR Court of the State of CALIFORNIA, for the County of LOS ANGELES, convicted of a serious felony, to wit: 1ST DEGREE BURGLARY, in violation of section 459 of the PENAL Code, case BA004642 within the meaning of Penal Code Section 667(a)(1).

It is further alleged as to count(s) 1, 2, and 3 pursuant to Penal Code section 667.5(b) that the defendant(s), THEOPRIC KENT BLOODSAW, has suffered the following prior conviction(s):

Case No.	Code/Statute	Conv. Date	County of Court	<u>State</u>	Court Type
BA004642	PC 459	12/27/1989	LOS ANGELES	CA	SUPERIOR
YA034031	H&S 11350	10/07/1997	LOS ANGELES	CA	SUPERIOR

and that a term was served as described in Penal Code section 667.5 for said offense(s), and that the defendant(s) did not remain free of prison custody for, and did commit an offense resulting in a felony conviction during, a period of five years subsequent to the conclusion of said term.

\* \* \* \*

THIS INFORMATION CONSISTS OF 3 COUNT(S).

STEVE COOLEY
DISTRICT ATTORNEY
County of Los Angeles,
State of California

BY:		•
	LAURIE BLAUSTEIN	
	DEPUTY DISTRICT ATTORNEY	Filed in Superior Court,
		County of Los Angeles
/DC	S	DATED:

Pursuant to Penal Code Section 1054.5(b), the People are hereby informally requesting that defense counsel provide discovery to the People as required by Penal Code Section 1054.3.

75 Case 5:08-cv-03315-JF Document 1-5 Filed 07/09/2008 Page 41 of 50 NAME and NUMBER BLOODSAW F-2015 B8-209L

On Tuesday, October 17, 2006, at approximately if sours, you were involved in a Battery on an Inmate with Inmate MEREDITH (D-84587, B8-1071) in the upper tier shower of B8 "A" Section. You have been deemed the victim of the battery of saff witnessing the incident. You have subsequently been considered a non-confidential of a of Inmate MEREDITH. This information will be documented on your Non-Confidential CDC Firm

ORIG: C-FILE cc : INMATE CCI

ANC

B FACILITY PROGRAM LIEUTENANT

DATE 10/18/2006

FESP

GENERAL CHRONO

Filed 07/09/2008

Page 42 of 50

STATE OF CALIFORNIA ADMINISTRATIVE SEGREGATION UNIT PLACEMENT NOTICE CDC 114-D (Rev 10/98)

DEPARTMENT OF CORRECTIONS

DISTRIBUTION: WHITE - CENTRAL FILE BLUE - INMATE (2ND COPY) GREEN - ASU

CANARY - WARDEN PINK - HEALTH CARE MGR GOLDENROD - INMATE (1ST COPY)

INMATE'S NAME	1	<del>,                                    </del>				CDC NUMBER		
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4-13-07	R TUP			/*	and the second of	7		TENANT
DATE NOTICE SERVED TIME SERVED PRIN	TED NAME OF ST	PAFF SERVING A	SU PLA	ACEMENT NOT	ICE SIGNATUR	War !	STAF C/O	F'S TITLE
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	<u>.</u>							
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STAFF ASSISTAN						rigative employi		
STAFF ASSISTANT NAME	TITLE			INVESTIGAT	VE EMPLOYEE	'S NAME Ti	ITLE	
IS THIS IN	ATE:	· · · · · · · · · · · · · · · · · · ·					***************************************	
LITERATE? FLUENT IN ENGLISH? ABLE TO COMPREHEND ISSUES? FREE OF MENTAL HEALTH SERVICES DELIVERY DECLINING FIRST STAFF ASSISTANT ASSIGNED?		☐YES ☐YES ☐YES ☐YES	□ NO □ NO □ NO	DECLINED . ASU PLACE!	ANY INVESTIG MENT IS FOR DI	BY IE <u>UNNECESSARY</u> ATIVE EMPLOYEE SCIPLINARY REASONS TIVE EMPLOYEE ASSIGNED	" — o	YES NO YES NO YES NO YES NO
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							THE BURDS	No. of the last of
WITNESS' NAME	TITLE/CD	C NUMBER		WITNESS NA	ME		TITLE/CDC	NUMBER
DECISION: RELEASE TO UNIT/FACE	LITY		RETAII	N PENDING I	CC REVIEW	DOUBLE CELL	SINGLE	CELL PENDING ICC
REASON FOR DECISION:								
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ADMINISTRATIVE REVIEWER'S PRINTED NAME	TITLE		DAT	E OF REVIEW	TIME	ADMINISTRATIVE REVIEWS	er's signati	JRE
CORRECTIONAL ADMINISTRATOR'S PRINTED NAME (if	necessary)		COL	RRECTIONAL A	DMINISTRATOR'S	S CO-SIGNATURE (if necessary)		DATE OF REVIEW

# Memorandum

Date : May 4, 2007

# **DA REFERRAL**

(DETAINER)

To

: M. D. Yax

Associate Warden Central Services

From

Department of Corrections and Rehabilitation

Pelican Bay State Prison, P.O. Box 7000, Crescent City, CA 95532-7000

subject: PBSP INCIDENT #PBP-B08-07-04-0144

On April 12, 2007, inmate **BLOODSAW**, **P20045**, committed the following violation of the California Penal Code Section:

69 Resisting or Deterring an Officer

4501.5 Battery Upon a Person not a Prisoner

As of May 4, 2007, this case was prepared for submission to the Del Norte County District Attorney's Office for further review and possible prosecution.

Pelican Bay State Prison is not to release the above named inmate pending disposition of this case.

The Del Norte County District Attorney's Office will notify Pelican Bay State Prison when their office issues a complaint or rejects this pending case.

If you have any questions, please contact the Court Liaison's Office at extension 9081 or 5526.

T. STEWART

Correctional Sergeant

Court Liaison Office

cc:

Facility Captain

Facility S&E

Records

Inmate

CLO File

Case 5:08-cv-03315-JF Document 1-5
State of California

Memorandum

Date : June 7, 2007

# DA ACCEPTED

Τo

: M. D. Yax

Associate Warden Central Services

From

: Department of Corrections and Rehabilitation

Pelican Bay State Prison, P.O. Box 7000, Crescent City, CA 95532-7000

Subject: PBSP INCIDENT #PBP-B08-07-04-0144

On April 12, 2007, inmate BLOODSAW, P-20045, committed the following violation of the California Penal Code Section:

69 Resisting or Deterring an Officer

4501.5 Battery Upon a Person not a Prisoner

On May 4, 2007, the case was presented to the Del Norte County District Attorney's Office for possible prosecution.

On May 29, 2007, the Del Norte County District Attorney's Office notified Pelican Bay State Prison that their office issued a complaint charging the above named inmate with the following violation of the Penal Code Section:

COUNT I 4501.5 Battery Upon a Person not a Prisoner

COUNT II 69 Resisting or Deterring an Officer

You will be apprised of the outcome of this case.

T. STEWART

Correctional Sergeant

Court Liaison Office

cc: Facility Captain

Facility S&E

Records

Inmate

CLO File

State of California

/5

Memorandum

Date: November 6, 2007

DA DISMISS

(AND DETAINER REMOVAL)

: M. D. Yax

Associate Warden Central Services

From

: Department of Corrections and Rehabilitation

Pelican Bay State Prison, P.O. Box 7000, Crescent City, CA 95532-7000

Subject: PBSP INCIDENT #PBP-B08-07-04-0144, CRPB07-5089

On April 12, 2007, inmate BLOODSAW, P-20045, committed the following violation of the California Penal Code Section:

69 Resisting or Deterring an Officer

4501.5 Battery Upon a Person not a Prisoner

On May 4, 2007, the case was presented to the Del Norte District Attorney's Office for possible prosecution.

On May 29, 2007, the Del Norte County District Attorney's Office notified Pelican Bay State Prison that their office issued a complaint charging the above named inmate with the following violation of the Penal Code Section:

COUNT I 4501.5 Battery Upon a Person not a Prisoner COUNT II 69 Resisting or Deterring an Officer

On November 6, 2007, the District Attorney's Office notified Pelican Bay State Prison that on October 26, 2007, the case was dismissed by the court, and the above named inmate will not be held to answer to the above charges.

The Court Liaison Office is no longer investigating the above named inmate. Please release the Detainer placed by this office. Any pending disciplinary action should be completed and a closure report prepared.

This closes our interest in this case. If you have any questions, please call my office at extension 9081 or 5526.

r. STEWART

Correctional Sergeant Court Liaison Office

cc: Facility Captain

Facility S&E

Records

Security Squad

Inmate

OTC Desk

CLO File

ORIG

: inmate : AWC

STATE OF CALIFORNIA			DEPARTMENT OF CORRECTION
DATE:	I/M NAME:	CDC#	CDC-128 B (8-8 CELL
cell#138-101L	$\frac{0.7}{0.7}$ , at approximately $\frac{0.932}{0.932}$ refused to attend the mandatory BN on $\frac{9.21.04}{0.932}$ , where the ma	hours, inmate <u>Bloodsaw</u> MU class. Inmate <u>Bloodsaw</u> andatory program was explained in detail.	CDC# <u>P2004S</u> was assigned to the
INMATE SIGNATU	RE	STAFF (Print Name an	hom d Sign)
M. INMATE REFUS	SED TO SIGN	STAFF (Print Name an	d Sign)

**GENERAL CHRONO** 

47.160 C

	Space Below for use of Court Clerk Only
MICHAEL D. RIESE	
DISTRICT ATTORNEY 450 H Street, #171 Crescent City, CA 95531	/ ENDORSED / FILED
Telephone: (707) 464-7210	/ OCT 26 2007
Attorney(s) for Plaintiff	/ / Superior court of California / Gounty of Del Norte

SUPERIOR COURT OF CALIFORNIA, COUNTY OF DEL NORTE

450 H Street, Crescent City, CA

the people of the state of California /
v. / CASE NUMBER: CRPB07-5089

THEOPRIC BLOODSAW(P-20045) / REQUEST FOR DISMISSAL
/
Defendant / Next Court Date: 11/1/2007

Request is made to dismiss this action for the following reason:

Interests of justice.

Dated: October 24, 2007

MICHAEL D. RIESE DISTRICT ATTORNEY

By:

Katherine Micks

Deputy District Attorney

IT IS SO ORDERED

Dated: 0CT **2 6** 2007

Robert W. Wair

Judge of the Superior Court

# Case 5:08-cv-03315-JF Document 1-5 Filed 07/09/2008 Page 48 of 50

#### PROOF OF SERVICE

I am a citizen of the United States and a resident of the County of Del Norte. I am over the age of eighteen years and not a party to the within above entitled action; my business address is 450 H Street, Crescent City, California, 95531.

On October 24, 2007, I served the within REQUEST FOR DISMISSAL in this action by delivering to and leaving with the following persons in the County of Del Norte, State of California, a true copy thereof, to wit:

Law Office of George Mavris, via clerk's receptacle.

I, H. Diane Collins, declare, under penalty of perjury that the foregoing is true and correct.

Executed on October 24, 2007, at Crescent City, California.

Document 1-5

BATTERY ON A PEACE OFFICER

Filed 07/09/2008

B8-101L

Page 49 of 50

04-12-07

CCCMS:NO GPL:3.3

STATE OF CALIFORNIA

3005 ( C )

CIRCUMSTANCES

COCAD-IRU GPG-3.3

**DEPARTMENT OF CORRECTIONS** 

1855 HOURS

RULES VIOLATION REPORT		FPRO		
CDC NUMBER P-20045	INMATE'S NAME BLOODSAW	RELEASE/BOARD DATE INST. 5.28.2070 PESE	HOUSING NO. E6-101L	LOG NO. B07-04-0031
VIOLATED RULE NO(S).	SPECIFIC ACTS	LOCATION	DATE	TIME

BOD 4-12-07 at approximately 1855 hours officer T. Holmes and I were attempting to issue inmate BLOODSAW P-20045, B8-101L, his legal mail in the B8 officer's station. Inmate BLOODSAW seemed to be agitated when he entered the officer station. Holmes and I attempted to counsel BLOODSAW on his behavior, BLOODSAW was not receptive to the counseling and started yelling "FUCK YOU, FUCK YOU WHITE MOTHERFUCKERS, YOU CAN SUCK MY DICK." Holmes and I gave BLOODSAW a direct order to return back to his cell. I escorted BLOODSAW back to A-section, he was still yelling and cursing, when approximately 2 feet from A-section door he turned left into a bladed stance. I ordered BLOODSAW to get down, instead BLOODSAW took a step toward me. I grabbed BLOODSAW by the front of his shirt with my right hand and wrapped my left arm around his upper body pulling BLOODSAW down. With the help of officer Holmes, we placed BLOODSAW on the floor in a prone position. BLOODSAW continued to fight, refusing numerous orders to cuff up. I pulled BLOODSAWS' right arm behind his back, so Holmes could place hand cuffs on BLOODSAW. At this time BLOODSAW kicked me in the right knee while we were trying to gain control and place handcuffs and leg irons on him.

This inmate is not EOP or Crisis Bed. Following current guidelines for Mental Health Assessments, the of this offense have been carefully evaluated The reviewing supervisor has concluded that a 4.17.07 B8 FLOOR #2 S/S/H REVIEWING SUPERVISOR'S SIGNATURE NAVARRO. SGT OFFENSE DIVISION: CLASSIFIED DATE (Typed Name and Signature) HEARING REFERRED TO ADMINISTRATIVE P. TERRY, LT SERIOUS P.TERR SHO П но □ sc ☐ FC COPIES GIVEN INMATE BEFORE HEARING **CDC** 115 BY: (STAFF'S SIGNATURE) DA TITLE OF SUPPLEMENT TIME 129 R. MILLS, C/O 7219 x INCIDENT REPORT BY: (STAFF'S SIGNATURE) DATE TIME BY: (STAFF'S SIGNATURE R. MILLS, C/O MILLS, C/O PBP.BO8-07.04.0144 (SEE ATTACHED HEARING SUMMARY)

Mental Health Assessment is not required.

ACTION BY: (TYPED NAME)		SIGNATURE	DATE	TIME
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REVIEWED BY: (SIGNATURE)	DATE	CHIEF DISCIPLINARY OFFICER'S SIGNATURE	DATE	<u> </u>
M. FOSS, FACILITY CAPTAIN	4/25/51	M.A. COOK, A.W. (G.P.)	C +	( ·
	BY; (STAFF'S SIGNAT	ure / C/	DATE	TIME
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#### STATE OF CALIFORNIA Document 1-6 Filed 07/09/2008 Page 1 of 44

RULES VIOLATION REPORT - PART C

DEPARTMENT OF CORRECTIONS PAGE

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CDC NUMBER P-20045	INMATE'S NAME BLOODSAW	LOG NUMBER B07-04-0031	INSTITUTION PBSP	TODAY'S DATE 4/23/07
				4/23/07

**□SUPPLEMENTAL ☑CONTINUATION OF:** □CDC 115 CIRCUMSTANCES **MHEARING** □I.E .REPORT DOTHER

Hearing: On 04-21-2007 at approximately 1930 hours, BLOODSAW was given the opportunity to attend this disciplinary hearing. BLOODSAW declined. When informed by staff that he needed to sign a CDC 128-B confirming that he had refused to attend, BLOODSAW refused to sign. At this institution, force will not be used to coerce attendance at a hearing. For this reason, his refusal to attend was accepted and the hearing was held in his absence. A CDC 128-B with the signature of two staff witnesses (C/O C. Speaker and C/O J. Keeling) to his refusal was completed.

District Attorney: Per the California Department of Corrections (CDC) Form 115-A, BLOODSAW was advised by the Staff Assistant prior to this disciplinary hearing that this has been referred for possible prosecution and that he can postpone his hearing pending resolution of prosecution. The Staff Assistant informed him that any statements could be used against him in a court of law. There is no reason to believe that BLOODSAW signed a written postponement

Due Process: The behavior of this inmate was evaluated at the time that the Reviewing Supervisor reviewed this disciplinary report. The Reviewing Supervisor concluded that a mental health assessment was not required. The SHO concurs. There is no compelling need for a mental health assessment based upon the circumstances given in this report. The disciplinary was served on the inmate within 15 days of discovery and the hearing was held within 30 days of service. The inmate received his copies of all documents more than 24 hours in advance of the hearing. There are no due

Staff Assistant: BLOODSAW was assigned a Staff Assistant as BLOODSAW is illiterate (reading score of 4.0 or less). The assigned SA, Correctional Officer C. Leveque, was present at the hearing and confirmed that he interviewed BLOODSAW more than 24 hours in advance. Officer Leveque confirmed that he had explained hearing procedures, disciplinary charges, the evidence supporting these charges and the right to request confidentiality.

Investigative Employee: BLOODSAW has no apparent interest in an investigation on his behalf. The issues are not complex and available information is sufficient. I.E. assignment is unnecessary.

Witnesses: No witnesses were called to this hearing. None were listed on the CDC 115-A as requested by the inmate and the SHO did not require any additional testimony.

Video/photo evidence: Videotape and photographic evidence was not an issue for this hearing.

As BLOODSAW did not attend the hearing, a plea was not entered and he did not present any testimony in his own defense. The hearing was decided based upon the following written evidence: CDC 115 of 04-12-2007 as well as the

Finding: Guilty of the Div. B (1) offense BATTERY ON A PEACE OFFICER. Battery means the deliberate use of force or violence on the person of another. Battery includes intentionally striking the person of another as well as the clothing or any object closely associated with that person. If the battery is unintentional, the inmate remains responsible if it is the result of reckless indifference. Reckless indifference means that any reasonable person committing the intended action would understand that battery was probable. This offense also requires that the victim of this battery qualify as a peace officer. In general, this means custody, counseling, administrative and MTA staff members. This finding is based upon the following preponderance of evidence:

A. The testimony of Correctional Officer J. Thom, in the disciplinary report of 04-12-2007, wherein Officer Thom testifies that on 04-12-2007, at approximately 1855 hours, He and Officer Holmes were issuing legal mail to BLOODSAW from the floor officer's station. BLOODSAW seemed agitated when he entered the officer's station. Officer Thom and Officer

SIGNATURE OF WRITER		_
J. DIGGLE	TITLE	DATE NOTICE SIGNED
COPY OF CRO US COST	Correctional Lieutenant	4/23/07
COPY OF CDC-115-C CIVEN TO INMATE GIVEN BY: WTAF	F'S SIGNATURE) DATE SI	GNED: TIME SIGNED:
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## 16 69 STATE OF CARE FOR RYA 03315-JF Filed 07/09/2008 Document 1-6 Page 2 of 44 RULES VIOLATION REPORT - PART C

DEPARTMENT OF CORRECTIONS

DI.E .REPORT

**□OTHER** 

**DHEARING** 

61				PAGE 2 OF 2
CDC NUMBER P-20045	INMATE'S NAME BLOODSAW	LOG NUMBER B07-04-0031	INSTITUTION PBSP	TODAY'S DATE 4/23/07
□SUPPLEMENTAL	MCONTINUATION OF:	DCDC 115 CIRCUMSTANCES	ØHEARING.	THE DEPONE

Holmes attempted to counsel BLOODSAW on his behavior. BLOODSAW was not receptive, and started yelling, "Fuck you, fuck you, you white motherfuckers, you can suck my dick." Officer Thom and Officer Holmes gave BLOODSAW a direct order to return to his cell. Officer Thom escorted BLOODSAW back to A section. BLOODSAW was still yelling and cursing, when approximately two feet from the A section door he turned left into a bladed stance. Officer Thom ordered BLOODSAW to get down. Instead, BLOODSAW took a step toward Officer Thom. Officer Thom grabbed BLOODSAW by the front of his shirt with his right hand and wrapped his left hand around BLOODSAW's upper body, pulling BLOODSAW down. With the help of Officer Holmes, they placed BLOODSAW on the floor in the prone position. BLOODSAW continued to fight, refusing numerous orders to submit to handcuffs. Officer Thom pulled BLOODSAW's right hand behind his back so Officer Holmes could place handcuffs on BLOODSAW. BLOODSAW kicked Officer Thom in the right knee while the officers were trying to restrain him.

B. The 837C Crime / Incident report written by Correctional Officer T. Holmes, where Officer Holmes states that at some point during the incident, he sustained an injury to his right ring finger. The 7219 Medical Report of Injury reflects that Officer Holmes had swelling to his right ring finger.

C. The fact that BLOODSAW kicked Officer Thom in the right knee clearly supports the charge of battery.

Disposition: Assessed 150 day credit forfeiture for this Div. B offense. Referred to classification for SHU assessment. BLOODSAW is referred to CCR §3084.1 and following for additional information on appeal procedures.

Additional penalties: None

SIGNATURE OF WRITER		
	TITLE	DATE NOTICE SIGNED
	Gorrectional Lieutenant	4/23/07
COPY OF CDC-115-C GIVEN TO INMOTIE GIVEN BY (STAF	S SIGNATURE) DATE SI	GNED: TIME SIGNED:
	mck/s 042	707 1300

66 74 74 Case 5:08-cv-03315-JF Document 1-6 Filed 07/09/2008 Page 3 of 44

DA# 07040144

Agency: PBSP

SPACE BELOW FOR USE OF COURT CLERK ONLY

DISTRICT ATTORNEY County of Del Norte 450 H Street #171 Crescent City, California Phone (707) 464-7210

SUPERIOR COURT OF CALIFORNIA, COUNTY OF DEL NORTE DEL NORTE JUDICIAL DISTRICT

THE PEOPLE OF THE STATE OF CALIFORNIA

Plaintiffs.

VS.

THEOPRIC BLOODSAW, P-20045

COMPLAINT

Alexander DAte

dant.

Defendant.

The DISTRICT ATTORNEY of the County of Del Norte, State of California, hereby charges the DEFENDANT with having committed, in the County of Del Norte, the crime of:

## COUNT 1.

BATTERY ON CORRECTIONAL OFFICER, in violation of Section 4501.5 of the Penal Code, a felony.

On or about April 12, 2007, the Defendant did willfully and unlawfully being a person confined in a state prison of this state, commit a battery upon the person of Correctional Officer J. Thom , an individual who is not himself a person confined therein. (Kicked in Knee)

#### COUNT 2.

RESISTING EXECUTIVE OFFICER, in violation of Section 69 of the Penal Code, a FELONY.

On or about April 12, 2007, the Defendant did willfully, unlawfully and knowingly resist executive officers, to-wit: Correctional Officers J. Thom and T. Holmes, in the performance of their duty by the use of force and violence .

SPECIAL ALLEGATION OF A PRIOR-ANY FELONY, in violation of section 667.5(b) of the Penal Code.

It is further alleged that Defendant was, on the 17th day of September, 1997, in the Superior Court of the State of California, for the County of Los Angeles, convicted of the crime of Possession of a Controlled Substance, a felony, in violation of section 11350(a) of the Health and Safety Code, case number YA034031, and that he then served a prison term for said offense, and that he did not remain free of prison custody for, and did commit an offense resulting in a felony conviction during, a period of five years subsequent to the conclusion of said term within the meaning of Penal Code Section 667.5(b).

SPECIAL ALLEGATION OF A PRIOR-ANY FELONY, in violation of section 667.5(b) of the Penal Code.

It is further alleged that Defendant was, on the 4th day of April, 2003, in the Superior Court of the State of California, for the County of Los Angeles, convicted of the crime of Assault on a Peace Officer, a felony, in violation of section 245(c) of the Penal Code, case number YA053506, and that he then served a prison term for said offense, and that he did not remain free of prison custody for, and did commit an offense resulting in a felony conviction during, a period of five years subsequent to the conclusion of said term within the meaning of Penal Code Section 667.5(b).

SPECIAL ALLEGATION, within the meaning of Penal Code sections 1170.12 and 667(b) through 667(i) inclusive.

It is further alleged that said defendant was convicted on the 4th day of April, 2003, of Criminal Threats, in violation of section 422 of the Penal Code, in Los Angeles County, State of California, within the meaning of Penal Code sections 1170.12 and 667(b) to 667(i) inclusive.

I so swear, under penalty of perjury, on May 25, 2007, at Crescent City, California, that the foregoing is true and correct on information and belief.

Katherine Micks, DEPUTY DISTRICT ATTORNEY

20

MAY 3.D 2007 MICHAEL D. RIESE 1 DISTRICT ATTORNBY SUPERIOR GOURT OF CALIFORNIA COUNTY OF OEL NORTE Courthouse - 450 H Street Crescent City, CA 95531 Telephone: (707) 464-7210 3 4 SUPERIOR COURT, OF CALIFORNIA 5 COUNTY OF DEL NORTE 5 PEOPLE OF THE STATE OF CALIFORNIA. CASE NUMBER: 7 CRPBO1-5089 Plaintiff. ORDER FOR TRANSPORT 8 V8. VIDEO 9 THEOTRIC BLOODSAW, P-20045 COURT DATE: May 31, 2007 Defendant. TIME: 8:00 a.m. 10 11 TO THE WARDEN OF PELICAN BAY STATE PRISON: 12 IT IS HEREBY ORDERED that Theopric Bloodsaw, P-20045, he produced in the Superior court for prosecution or examination for an offense triable in the Superior court, and that Pelican Bay 13 State Prison is to transport said person to the Video Arraignment Room located at Pelican Bay State Prison, on May 31, 2007 at 8:00 a.m., for arraignment or other proceedings. 14 IT IF FURTHER ORDERED that said inmate continue to be transported for appearances at the Del 15 Norte County courthouse, Crescent City, Calif. until the conclusion of his case. MAY \$ 0 2007 16 DATED: JUDGE OF THE SUPERIOR COURT 17 WILLIAM H FOLLETT 18 19

#527 /6 Case 5:08-cv-03315-JF Document 1-6 Filed 07/09/2008 Page 6 of 44

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CRIME / IN	NCIDENT	REPORT						DEFAR	INCITE OF	JORNEO	HONS AND REHABIL	TATION
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On Thursday, a	April 12, 20 nd resisting	NT (ONE OR TWO SE 007 at approxima staff, necessitati W kicked Office	tely 1855 hou	f physic	cal force							

SUSPECTS: BLOODSAW, P-20045, B8-101L

VICTIMS: Officer J. Thom, Officer T. Holmes

COMPLETE SYNOPSIS / SUMMARY ON PART A1 Reviewed By: Facility Captain M. Foss NAME OF REPORTING STAFF (PRINT/TYPE) TITLE 1D# BADGE # R. Tupy Lieutenant N/A 55479 SIGNATURE OF REPORTING STAFF PHONE EXT. (INCIDENT SITE) DATE 7953 04/12/2007 NAME OF WARDEN AOD (PRINT/SIGN) TITLE DATE ROBERT A. HOREL Warden

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STATE OF CALIFORNIA  PART A1 — SUPPLEMENT CDCR 837 – A1 (07/05)	ART A1 – SUPPLEMENT		0 05 E IN		INCI	CORRECTIONS AND REHABILITATION NCIDENT LOG NUMBER PBP-B08-07-04-0144	
ואstitution Pelican Bay State Prison	FACILITY B	•	71	DENT D	ATE 2007		INCIDENT TIME 1855 hours
TYPE OF INFORMATION  Synopsis/Summary of Incident	☐ SUPPLEMENTAL INFO	RMATION	ΠA	MENDE	D INFORMATIO	DN _	☐ CLOSURE REPORT
NARRATIVE:							

BLOODSAW was in the B8 Officer's station getting his legal mail when he became verbally abusive to staff. B8 Floor staff ordered BLOODSAW to return to his cell. As BLOODSAW was being escorted back to his cell, he turned and assumed a bladed stance. Officer Thom ordered BLOODSAW to get down, BLOODSAW refused and lunged towards Officer Thom. Officer Thom and Officer Holmes utilized physical force to get BLOODSAW into the prone position on the ground. During this time, BLOODSAW kicked Officer THOM in the right knee.

ESCORTS: Officers C. Chapman and T. Wadsworth escorted BLOODSAW from B8 to the B Facility Hobby Shop Holding Cell #1.

MENTAL HEALTH DELIVERY SYSTEM CLASSIFICATION: Inmate BLOODSAW was not a participant in the Mental Health Delivery System at the time of this incident.

MEDICAL REPORTS/INJURIES TO STAFF: MTA J. Keys medically evaluated Officer J. Thom and prepared a CDC 7219 noting the following: pain in the right knee, an abrasion/scratch to the left wrist and right thumb. MTA Keys medically evaluated Officer T. Holmes and noted the following: a swollen right ring finger.

MEDICAL REPORTS/INJURIES TO INMATES: MTA Keys medically evaluated BLOODSAW and prepared a CDC 7219 noting the following: Dried blood on the left nostril and lower lip, pain in the neck and left knee.

CRIME SCENE/EVIDENCE: A crime scene was not established and no evidence was collected from this incident.

USE OF FORCE: Officers J. Thom, T. Holmes and L. Northrup utilized physical force to gain control of BLOODSAW.

STATUS OF VIDEOTAPED INTERVIEW: BLOODSAW was offered a video interview due to the injury to his lip. A video interview will be conducted on April 13, 2007.

CONCLUSION: Inmate BLOODSAW will be charged under the California Code of Regulations (CCR), Title 15, Section 3005 (c), specifically BATTERY ON A PEACE OFFICER. This case has been referred to the Del Norte County District Attorneys Office for possible felony prosecution.

NOTIFICATIONS: The Administrative Officer of the Day, Associate Warden M. Cook was notified of this incident through the Watch Commander's Office. The Warden and all appropriate administrative staff were notified of this incident through the Watch Commander's Office. CCPOA Chapter President R. Newton was notified of this incident through the Watch Commander's Office. You will be notified of any changes, should they occur, through supplemental reports.

**OVERTIME:** There was no overtime incurred as a result of this incident.

☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL A1		Reviewed By: Facility Captain M. Foss			
NAME OF REPORTING STAFF (PRINT/TYPE)  R. Tupy  TITLE  Lieutenant		ID# N/A	BADGE # 55479		
SIGNATURE OF REPORTING STAFF		PHONE EXT. (INCIDENT SITE) 7953	DATE 04/12/2007		
NAME OF WARDEN / AOD (PRINT/SIGN) ROBERT A. HOREL		TITLE Warden	DATE		

Incident number:

PBP-B08-07-04-0144

Inmates charged with a disciplinary offense related to this incident will not receive a copy of the CDC 837-B as part of the evidence for their disciplinary hearing.

Per the memorandum of June 11, 1998 CLARIFICATION OF REQUIRED REPORTS FOR CALIFORNIA DEPARTMENT OF CORRECTIONS FORM 115, RULE VIOLATION REPORT HEARINGS, it is not required that the inmate receive a copy of the 837-B as part of his prehearing documents. A list of the participants may be substituted. This is the list of participants authorized by that memorandum.

**BLOODSAW** 

P-20045

TUPY, R.

Correctional Lieutenant

PEPIOT,A..

Correctional Sergeant

CHAPMAN,C..

Correctional Officer

HOLMES,T...

Correctional Officer

NORTHRUP,L..

Corrrectional Officer

SILVA.J.

Correctional Officer Correctional Officer

THOM,J. WADSWORTH,T...

Correctional Officer

KEYS,J...

MTA

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DEPARTMENT OF CORRECTIONS AND REHABILITATION

TE OF CALIFORNIA

CRIME / INCIDENT REPORT PART C – STAFF REPORT 1 INCIDENT LOG NUMBER PAGE OF CDCR 837-C (Rev. 07/05) PBP-B08-07-04-0144 NAME: LAST FIRST MI INCIDENT DATE INCIDENT TIME Pepiot A. 4-12-07 L. **1855** Hours POST# POSITION YEARS OF SERVICE DATE OF REPORT LOCATION OF INCIDENT 370376 Facility B Program 5 06 4-12-07 B 8 Rotunda Months Sergeant **DUTY HOURS** RDO's DESCRIPTION OF CRIME / INCIDENT CCR SECTION / RULE □ N/A 1400-2200 F/S Battery on Peace Officer 3005 (c) WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER) YOUR ROLE INMATES INVOLVED (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS) PRIMARY (s) C/O J. Thom (s) MTA J. Keys (s) BLOODSAW P-20045 B8-101L (s)C/O T. Holmes □ WITNESS (s) C/O L. Northrup □ VICTIM ☐ CAMERA (s) C/O C. Chapman (s) C/O T. Wadsworth FORCE USED BY YOU WEAPONS AND SHOTS FIRED BY YOU **CHEMICAL AGENTS USED BY YOU** ☐ PHYSICAL NO: TYPE: NO: TYPE: ☐ CHEMICAL ☐ MINI-14 □ 37 MM □ oc **⋈** NONE □ 9 MM ☐ 40 MM ☐ CN FORCE OBSERVED ☐ 38 CAL □ L8 □ cs BY YOU ☐ SHOTGUN ☐ 40 MULTI □ OTHER: ☐ WEAPON ☐ HFWRS □ PHYSICAL ☑ N/A ☐ BATON ☑ N/A ☐ CHEMICAL NONE **EVIDENCE COLLECTED EVIDENCE DESCRIPTION EVIDENCE DISPOSITION** BIO PPE BY YOU HAZARD T YES ☐ YES ☐ YES ⊠ NO ⊠ N/A ☑ N/A ⋈ NO ⊠ NO REPORTING **LOCATION TREATED** DESCRIPTION OF INJURY SCIF 3301 / 3067 **FLUID EXPOSURE** STAFF INJURED (HOSPITAL / CLINIC) COMPLETED □ BODILY ☑ N/A ☐ YES ☐ YES □ UNKNOWN Ø NO ⊠ N/A ⊠ NO N/A □ OTHER NARRATIVE: On Thursday, April 12, 2007, while assigned as the "B" Facility program Sergeant, I responded to an alarm in building

On Thursday, April 12, 2007, while assigned as the "B" Facility program Sergeant, I responded to an alarm in building B-8, at approximately 1855 hours. I arrived to find an inmate and three officers on the floor in the rotunda. The inmate later identified as BLOODSAW P-20045, housed in B-8 cell 101L was in a prone position being held down by Correctional officers J. Thom, T. Holmes and L. Northrup. C/O Thom was on BLOODSAW'S right side, C/O Holmes was on BLOODSAW'S left side and C/O Northrup was holding BLOODSAW'S legs. C/O C. Chapman placed leg irons on BLOODSAW'S legs. Thom and Holmes helped BLOODSAW to his feet where C/O's Chapman and Wadsworth then took over the escort. BLOODSAW was then escorted to the B yard hobby shop and placed in holding cell number (1) one. Medical Technical Assistant J. Keys then performed a 7219 medical report on BLOODSAW. BLOODSAW was then taken to the (CTC) Correctional Treatment Center for further evaluation and released back to the yard to be re-housed. BLOODSAW was re-housed into B-7 cell 127L and CTQ'D Confined to Quarters pending placement into Administrative Segregation.

A. Pepiot Pepiot	Sergeant.	BADGE # 64308		DATE 4-12-07
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)	DATE RECEIVED	APPROVED ☐ YES ☐ NO	CLARIFICATION NEEDED ☐ YES ☐ NO	DATE

DEPARTMENT OF CORRECTIONS AND DEHABILITATION

CRIME /											DEI ANTWERT OF			AND NE	HABILITATION
PART C			F REPO	DRT			PAGE		1	OF	2		P-B08-		
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RDO's	DUTY			DESCRIPTION			CERT	ann			CCR SECTIO	N/RL	JLE		N/A
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REPORTING STAFF INJUR				SCRIPTION OF I	JURY				REATED / CLINIC)		FLUID EXP	osui	RE		F 3301 / 3067 OMPLETED
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NADDATI\/E							□ N/A								
NARRATIVE:  ON THURSDAY, 4/12/07 AT APPROXIMATELY 1855 HOURS, WHILE CONDUCTING LEGAL MAIL ISSUE IN THE B8 FLOOR OFFICERS STATION, I ASKED CONTROL BOOTH OFFICER J. SILVA TO HAVE INMATE (I/M) BLOODSAW (P20045, B8-101L) REPORT TO THE OFFICE TO RECEIVE HIS LEGAL MAIL. I/M BLOODSAW REPORTED TO THE OFFICE AND APPEARED TO BE AGGITATED. I TOLD BLOODSAW TO SIGN FOR HIS LEGAL MAIL. BLOODSAW SAID "FUCK YOU WHITE MOTHERFUCKER. SUCK MY DICK". I/M BLOODSAW THEN SIGNED FOR HIS LEGAL MAIL. SENSING BLOODSAW'S AGGITATION, I ORDERED BLOODSAW TO RETURN TO HIS CELL. BLOODSAW BECAME VERBALLY ABUSIVE AND CONTINUED HIS VERBAL ASSAULT. CORRECTIONAL OFFICER (C/O) J. THOM SAID "YOU NEED TO TAKE IT BACK TO YOUR HOUSE" AND STOOD UP FROM HIS CHAIR INSIDE THE OFFICE. C/O J. THOM THEN BEGAN TO ESCORT BLOODSAW TOWARDS THE "A" SECTION DOOR. I THEN HEARD C/O J. THOM YELL "GET DOWN" FROM WHAT SOUNDED LIKE THE ROTUNDA AREA NEAR THE "A" SECTION DOOR. I IMMEDIATELY RESPONDED TO THE ROTUNDA NEAR THE "A" SECTION DOOR AND SAW I/M BLOODSAW STANDING IN A BLADED STANCE FACING C/O J. THOM. I SAW C/O J. THOM ATTEMPT TO GRASP BLOODSAW AROUND HIS UPPER TORSO AREA. I GRASPED BLOODSAW WITH MY LEFT HAND AROUND BLOODSAW'S LEFT # CHECK IF NARRATIVE IS CONTINUED ON PART C1  SIGNATURE OF REPORTING STAFF  TITLE BADGE # DATE 4/12/07								OODSAW O TO THE SAW SAID AL MAIL. BECAME OM SAID CE. C/O J. O J. THOM DOOR. I COODSAW COODSAW W'S LEFT							
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STATE OF CALIFORNIA

POINT / INCIDENT DEDORT

DEPARTMENT OF CORRECTIONS AND REHABILITATION

PART C1 - SUPPLEMENT CDCR 837-C1 (Rev. 07/05)	PAGE	2	OF	2	INCIDENT LOG NUMBER PBP-B08-07-04-0144
NAME: LAST	FIRST				1

07-04-0144 ΜÏ TYPE OF INFORMATION  $\mathbf{H}$ ADDITIONAL INFORMATION CLARIFICATION REQUEST CONTINUATION OF REPORT NARRATIVE

UPPER ARM AND PLACED MY RIGHT HAND (PALM OPEN) ONTO BLOODSAW'S UPPER BACK AREA. I SAW THAT C/O J. THOM HAD POSITIONED HIMSELF NEAR MYSELF AND I/M BLOODSAW. C/O J. THOM APPEARED TO HAVE AHOLD OF BLOODSAWS UPPER BACK AREA. USING A DOWNWARD PULLING MOTION WITH MY LEFT ARM AND STRENGTH, I PULLED BLOODSAW DOWN TO THE ROTUNDA FLOOR WITH THE HELP OF C/O J. THOM'S PULLING MOTION. AS WE BROUGHT BLOODSAW TO THE FLOOR, BLOODSAW WAS IN THE PRONE POSITION. I COULD FEEL BOTH OF BLOODSAW'S LEGS KICKING REPEATEDLY IN VERY FORCEFUL FORWARD AND BACKWARD MOTIONS AS HE WAS LAYING ON THE GROUND. I ORDERED BLOODSAW TO STOP KICKING. BLOODSAW DID NOT COMPLY WITH MY ORDERS AND CONTINUED TO KICK. I THEN RETRIEVED MY HANDCUFF RESTRAINTS AND ORDERED BLOODSAW TO "CUFF UP". BLOODSAW'S HANDS WERE POSITIONEDNEAR HIS FACE AREA. BLOODSAW DID NOT COMPLY WITH MY ORDER TO CUFF UP AND USED HIS OWN STRENGTH TO MAINTAIN HIS HAND POSITIONING. 1 USED MY LEFT HAND TO GRAB AHOLD OF BLOODSAW'S LEFT WRIST AND USED A REAR PULLING MOTION TO GUIDE BLOODSAW'S LEFT ARM BEHIND HIS BACK. I APPLIED ONE HANDCUFF RESTRAINT TO BLOODSAW'S LEFT WRIST AND MAINTAINED CONTROL OF HIS LEFT LOWER ARM AREA WITH MY LEFT HAND. BLOODSAW WAS TRYING TO PULL HIS LEFT ARM BACK UP TOWARDS HIS FACE AREA IN A CLEAR ATTEMPT OF NON-COMPLIANCE, ALL THE WHILE STILL ATTEMPTING TO KICK. I LOOKED BACK AND SAW THAT C/O L. NORTHRUP HAD RESPONDED TO THE INCIDENT AND WAS NOW USING HIS BODY-WEIGHT TO MAINTAIN CONTROL OF BLOODSAW'S LOWER LEGS. I THEN SAW THAT C/O J. THOM HAD PULLED BLOODSAW'S RIGHT ARM BEHIND HIS BACK AND I WAS ABLE TO APPLY THE RIGHT HANDCUFF RESTRAINT ONTO BLOODSAW'S RIGHT WRIST AREA. I THEN SAW RESPONDING STAFF ARRIVING INTO THE B& ROTUNDA AREA. I HEARD SERGEANT A. PEPIOT SAY TO TAKE BLOODSAW TO THE HOBBY SHOP. C/O J. THOM AND I STOOD BLOODSAW TO HIS FEET. C/O T. WADSWORTH AND C/O C. CHAPMAN THEN RELIEVED C/O J. THOM AND I ON THE ESCORT AND ESCORTED BLOODSAW OUT OF THE B8 ROTUNDA TOWARD THE B-YARD HOBBY SHOP. AFTER THE INCIDENT WAS COMPLETED, I REPORTED TO THE B-FACILITY MEDICAL CLINIC TO BE EVALUATED FOR AN APPARENT SPRAIN TO MY RIGHT RING FINGER, SUSTAINED AT AN UNKNOWN TIME DURING THE INCIDENT. THIS ENDS MY INVOLVEMENT IN THIS INCIDENT.

☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL C1				
SIGNATURE OF REPORTING STAFF	TITLE	BADGE #		DATE
J. Tolone	C/O	66538		4/12/07
NAME AND TITLE OF REVIEWER (PRINT / SICNATURE)	DATE RECEIVED	APPROVED	CLARIFICATION NEEDED	DATE
A. Pepid SET Alped	4-12-07	YES NO	☐ YES ☐ NO	
Distribution: Original: Incident Package Copy, Reporting Employ	ee Copy: Review	ing Supervisor		

183 67 /Case 5:08-cv-03315-JF Document 1-6 Filed 07/09/2008 Page 12 of 44 STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION CRIME / INCIDENT REPORT PART C - STAFF REPORT INCIDENT LOG NUMBER CDCR 837-C (Rev. 07/05) **PAGE** PBP-08-07-04-0144 OF NAME: LAST FIRST MI INCIDENT DATE INCIDENT TIME POST# POSITION YEARS OF SERVICE DATE OF REPORT LOCATION OF INCIDENT 37/620 12-07 Months RDO's **DUTY HOURS DESCRIPTION OF CRIME / INCIDENT** CCR SECTION / RULE 2200 YOUR ROLE WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER) INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS) **PRIMARY** RESPONDER ☐ WITNESS ☐ VICTIM ☐ CAMERA FORCE USED BY YOU WEAPONS AND SHOTS FIRED BY YOU **CHEMICAL AGENTS USED BY YOU** WEAPON NO: NO: TYPE: TYPE: 团 PHYSICAL П CHEMICAL ☐ 37 MM NONE □ 9 MM 40 MM ☐ CN FORCE OBSERVED 38 CAL L8 □ cs BY YOU ☐ SHOTGUN 40 MULTI OTHER: WEAPON PHYSICAL **HFWRS** IX N/A ☐ CHEMICAL ☑ N/A BATON □ NONE **EVIDENCE COLLECTED EVIDENCE DESCRIPTION EVIDENCE DISPOSITION** BIO PPE BY YOU HAZARD ☐ YES ☐ YES X YES ON K 図 N/A X N/A DA DO NO REPORTING **LOCATION TREATED** SCIF 3301 / 3067 **DESCRIPTION OF INJURY FLUID EXPOSURE** STAFF INJURED (HOSPITAL / CLINIC) COMPLETED ☐ BODILY X N/A ☐ YES ☐ YES UNKNOWN ☑ NO Ø NO X N/A ☑ N/A OTHER NARRATIVE: 00

CHECK IF NARRATIVE IS CONTINUED ON PART C1

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4-12-0

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APPROVED

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TYES

DATE

CLARIFICATION NEEDED

□ NO

☐ YES

SIGNATURE OF REPORTING STAFF

129 176 Case 5:08-cv-03315-JF Document 1-6 Filed 07/09/2008 Page 13 of 44 TE OF CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION CRIME / INCIDENT REPORT PART C1- SUPPLEMENT INCIDENT LOG NUMBER CDCR 837-C1 (Rev. 07/05) NAME: LAST FIRST TYPE OF INFORMATION: CONTINUATION OF REPORT CLARIFICATION OF REPORT ADDITIONAL INFORMATION NARRATIVE: ☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL PART C1 SIGNATURE OF REPORTING STAFF TITLE BADGE# DATE  $^{\prime}\mathcal{O}$ NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE) DATE RECEIVED APPROVED CLARIFICATION NEEDED

130 85 / Ca	se 5:08-cv-03315-	JF Document 1-	-6 Filed	d 07/09/20	08 F	Page 14 of	44	
STATE OF CALIFORNIA CRIME / INCIDE	NT REPORT				DEPARTM	ENT OF CORRE	CTIONS AND	REHABILITATION
PART C - STAFF	REPORT					INCIDENT	LOG NUMB	ER
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Case 5:08-cv-03315-JF Document 1-6 Filed 07/09/2008 Page 15 of 44 DEPARTMENT OF CORRECTIONS AND REHABILITATION STATE OF CALIFORNIA CRIME / INCIDENT REPORT INCIDENT LOG NUMBER PART C1- SUPPLEMENT \_ OF . 2 PBP-B08-07-04-014 CDCR 837-C1 (Rev. 07/05) NAME: LAST FIRST M 0 Jámes 7 hom TYPE OF INFORMATION: CONTINUATION OF REPORT CLARIFICATION OF REPORT ADDITIONAL INFORMATION CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL PART C1

SIGNATURE OF REPORTING STAFF

TITLE

BADGE #

DATE

4.12.07

NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)

DATE RECEIVED

APPROVED

CLARIFICATION NEEDED

DATE

Case 5:08-cv-03315-JF Document 1-6 Filed 07/09/2008 Page 16 of 44 DEPARTMENT OF CORRECTIONS AND REHABILITATION **CRIME / INCIDENT REPORT** PART C - STAFF REPORT INCIDENT LOG NUMBER CDCR 837-C (Rev. 07/05) OF **PAGE** PBP-BORO7-04-0144 NAME: LAST FIRST МΙ INCIDENT DATE INCIDENT TIME 4-12-07 1855 POSITION DATE OF REPORT POST# YEARS OF SERVICE LOCATION OF INCIDENT 3715 80 BP CONTROL Months 4-12-07 BS RETURBA DESCRIPTION OF CRIME / INCIDENT RDO's **DUTY HOURS** CCR SECTION / RULE 3005- (c) 14-2200 BATTERY ON PEACE OFFICER YOUR ROLE WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER) INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS) 15 J. THOM PRIMARY (S) C. CHAPMAIN 15) BLOODSAW P20045 ISIT. HOLMES RESPONDER WITNESS VICTIM (DT . WADS WORTH □ CAMERA FORCE USED BY YOU WEAPONS AND SHOTS FIRED BY YOU CHEMICAL AGENTS USED BY YOU WEAPON NO: NO: TYPE: TYPE: **PHYSICAL** CHEMICAL ☐ 37 MM NONE. 40 MM □ 9 MM ☐ CN FORCE OBSERVED ☐ 38 CAL L8 □ cs BY YOU ☐ SHOTGUN OTHER: 40 MULTI WEAPON **HFWRS** PHYSICAL ☑ N/A ☑ N/A **BATON** CHEMICAL ☑ NONE **EVIDENCE COLLECTED** BIO **EVIDENCE DESCRIPTION EVIDENCE DISPOSITION** PPE **BY YOU** HAZARD ☐ YES ☐ YES ☐ YES ₽ NO □ NO □ N/A □ N/A □ NO REPORTING LOCATION TREATED SCIF 3301 / 3067 **DESCRIPTION OF INJURY FLUID EXPOSURE** STAFF INJURED (HOSPITAL / CLINIC) COMPLETED ☐ BODILY N/A ☐ YES ☐ YES ■ UNKNOWN KI NO ON K X N/A N/A OTHER: NARRATIVE: ASSIGNED AS RO BOOT H CONTROL APPROXIMATELY 1855 HOURS. P-20045 70 COME To B200DSAW USING OFFICERS BLOOD SAW LEFT THE BLOODSA BEI SECTION CONTROL

EARN Doob LOOKEN DOWN ROTU WITH OFFICERS HOLMES THOM CHECK IF NARRATIVE IS CONTINUED ON PART C1 SIG' ATURE OF REPORTING STAFF BADGE # TITLE DATE 6/0 67266 4-12-07 LE OF REVIEWER (PRINT / SIGNATURE) DATE RECEIVED DATE **CLARIFICATION NEEDED** ☑YES □NO ☐ YES □ NO Sicr 4-12-07

2633 820ase 5:08-cv-03315-JF Document 1-6 Filed 07/09/2008 Page 17 of 44 DEPARTMENT OF CORRECTIONS AND REHABILITATION CRIME / INCIDENT REPORT PART C1- SUPPLEMENT INCIDENT LOG NUMBER PAGE CDCR 837-C1 (Rev. 07/05) PBP\_B 08-07-04-0144 NAME: LAST FIRST  $\mathcal{J}$ . TYPE OF INFORMATION: CONTINUATION OF REPORT CLARIFICATION OF REPORT ADDITIONAL INFORMATION NARRATIVE: GROUND TRYING-70 CONTRIL BLOOD SAW. PERSONAL ALARM OPEN RESPONDING FOR HOBBY SHOP ☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL PART C1 SIGNATURE OF REPORTING STAFF TITLE BADGE # DATE 4-12-07 CLARIFICATION NEEDED DATE

8 se 5:08-cv-03315-JF Document 1-6 Filed 07/09/2008 Page 18 of 44 STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION CRIME / INCIDENT REPORT PART C - STAFF REPORT INCIDENT LOG NUMBER CDCR 837-C (Rev. 07/05) **PAGE** OF PBP-B08:07-04-014 NAME: LAST FIRS' INCIDENT DATE INCIDENT TIME MAPMAN 041207 POST# POSITION YEARS OF SERVICE DATE OF REPORT LOCATION OF INCIDENT B-5 control 64 12 007 RICAUD -S Months DESCRIPTION OF CRIME / INCIDENT **DUTY HOURS** RDO's CCR SECTION & RULE 02 PEALE OFFICER WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER) YOUR ROLE INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS) □ PRIMARY RESPONDER ☐ WITNESS □ VICTIM ☐ CAMERA WEAPONS AND SHOTS FIRED BY YOU **FORCE USED BY YOU** CHEMICAL AGENTS USED BY YOU ☐ WEAPON NO: NO: TYPE: TYPE: ☐ PHYSICAL ☐ CHEMICAL ☐ 37 MM □ oc NONE 9 MM 40 MM ☐ CN FORCE OBSERVED 38 CAL BY YOU ☐ CS ☐ SHOTGUN 40 MULTI OTHER: **WEAPON** PHYSICAL **HFWRS** N/A CHEMICAL ∑ N/A □ BATON NONE **EVIDENCE COLLECTED EVIDENCE DESCRIPTION EVIDENCE DISPOSITION** BIO PPE BY YOU HAZARD ☐ YES YES ☐ YES ⊠мо N/A N/A X NO X NO REPORTING LOCATION TREATED SCIF 3301 / 3067 **DESCRIPTION OF INJURY FLUID EXPOSURE** STAFF INJURED (HOSPITAL / CLINIC) COMPLETED ☐ YES ■ BODILY N/A ☐ YES □ UNKNOWN √⊠ NO MO 🔀 **环** N/A X-N/A OTHER: NARRATIVE: APPROXIMA 51 NUMBER CHECK IF NARRATIVE IS CONTINUED ON PART C1 SIGNATURE OF REPORTING STAFF TITLE BADGE # DATE

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STATE OF CALIFORNIA		DEPAS	TIMENT OF CORRECTION	DNS AND REHABILITATION
CRIME / INCIDENT REPORT PART C1- SUPPLEMENT CDCR 837-C1 (Rev. 07/05)		PAGE 2 OF 2	INCIDENT LOC	NUMBER
NAME: LAST	FIRST		- PDT- BOX	5-07-04-014
WADSWONTH,				P
CONTINUATION OF REPORT	CLARIFICATION	OF REPORT	ADDITIONAL	INFORMATION
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Page 21 of 44

DEPARTMENT OF CORRECTIONS AND REHABILITATION

## STATE OF CALIFORNIA MEDICAL REPORT OF INJURY OR UNUSUAL OCCURRENCE

NAME OF INSTITUTION	F	ACILITY/UNIT	REASON FOR REPORT USE OF FORCE	UNUSU	INJURY JAL OCCURREN	ON THE JO CE PRE AD/S HOUSING	EG ADMI	·	MG 100
THIS SECTION FOR INMATE ONLY	NAME	LAST TLOODGAW	FIRST THEOPPLIC		CDC NUMBER P20045 BADGE#	RANK/CL	101	ASSIGNME	
THIS SECTION FOR STAFF ONLY	NAME		FIRST		DDLE	DOB		OCCUPATION	- NO
THIS SECTION FOR VISITOR ONLY	HOME	E LAST E ADDRESS	CITY		STATE	ZIP		НОМЕ РНО	NE
PLACE OF OCCURRENCE  B. L. ROTUND	a	DATE/TIME OF OCCI	1855 0	WITNESS(ES)	CTOP TTER V	WHEELCHAIR	AGE	RACE	SEX
1855	ie seen 1900	ESCORTED BY		BULATORY	ON SITE	WHEEDCHAIR	48		3 19

My week how " My Knee howers INJURIES FOUND? (YES)/NO Abrasion/Scratch 2 Active Bleeding 3 Broken Bone Bruise/Discolored Area 4 5 Burn Dislocation  $\langle \overline{\tau} \rangle$ Dried Blood 8 Fresh Tattoo 9 Cut/Laceration/Slash 10 O.C. Spray Area 11 Pain  $\overline{1}2$ Protrusion 13 Puncture 14 Reddened Area 15 Skin Flap 16 Swollen Area Other 17 18 19 O.C. SPRAY EXPOSURE? DECONTAMINATED? Self-decontamination YEST(NO instructions given? YES/(NO) Refused decontamination? Q 15 min. checks Staff issued exposure packet? YES NO PHYSICIAN NOTIFIED/TIME RN NOTIFIED/TIME BALLS RN/1920 TIME/DISPOSITION RDOs. REPORT COMPLETED BY/TITLE BADGE# (PRINT AND SIGN) 2010/ ROWNER TO cell from CTC, MIT 71765 J. Kens Now - CCCM ( paren )

DATE 11/00/02 FILE NO. 402-11545-0399-057
CAD WE GO A PEACE OFFICER, 245(c) P.C. Action Taken ACTIVE/ADDITIONAL INFR
CANDON CONTROL OFFICE O
the said of Commence of Inna 671.
V DER'S - STYE SEAN 200296 & SATO BRADLEY # A70671)
BLOODSHAW, THEOPOIC MB/06-24-57
THE PURPOSE OF THIS REPORT IS TO PROVIDE
ACTIVE ADDITIONAL INFORMATION REGARDING THE
ASSAULT WITH A DEADLY WEAPON ON A PEACE
OFFICER.
WE RESPONDED TO UNIT 31A (DEP. HOODY
ASSISTANCE REQUEST REGARDING THEY WERE INVENCED
IN A FIGHT. WE APRIVED AT THEIR LOCATION,
CONTURY BL. AND LA SALLE AV. IN LOS ANGELES AND
I SAW DEP. HODDYE STRUGGLING TO PIN
S/BLOODSHAWS UPPERBODY TO THE GROUND, USING
HIS BODY AND HANDS. I ALSO SAW DEP. SATO
HOLDING S/BLOODSHAWS LEGS DOWN TO THE GROWD
TO AVOID BEING KICKED.
I RAND THE REAR OF 31 A'S RADIO CAR WHERE
THE FIGHT WAS OCCURRING AND PUT MY KNEES ON
TOP OF S/BLOODSAWS LOWER BACK AND BUTTOCKS
MAGANA, JOHN 292992
STATION LIET FARMS DAYS LENNOX BID DAYS
ASSOCIATION DO BADDETTO THE POLY OF WHICH ASSOCIATION OF WHICH
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TT B/C BY DATE THAT SECTY.

PAGE 2 OF 2
REPORT CONTINUATION _ NARRATIVE URN 402-11545-0399-057
AREA TO KEEP HIM DOWN ON THE GROUND AND
GRABBED S/BLOODSHAW'S RIGHTHAND ASSISTING
DEP BRIONES # 432977 HOLDING IT SO S/BLOODSHAW
WOULDN'T PULL IT AWAY. I THEN TOLD DEP. SATO
# 470671 TO HAND CUFF S/BLOODSHAW. DEP. SATO
PULLED HIS HAND CUFF'S OUT AND HANDCUFFED
S/BLOODSHAW RIGHTHAND.
> I WAS ABLE TO PULL S/BLOODSHAW'S LEFTHAND
From UNDERNEATH HIM AND PLACE IT BEHIND HIS
BACK. DEP. SATO THEN HANDCUFFED S/BLOODS MUS
LEFTHAND, S/BLOODSHAW STOPPED FIGHT)NG AND WAS
SAT UP BY DEP. HOODEYE WITHOUT FURTHER INCIDENT.
A
S/BLOODSHAW WAS TRANSPORTED TO DANIEL FREEMAN
VIA AMBULANCE WHERE HE WAS TREATED FOR HIS INJURIES.
SEE DEP BRIONES, P. SUPPLEMENTAL REPORT FOR FURTHER.

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# SHERIFF'S OFFICE, LOS ANGELES COUNTY - SUPPLEMENTARY REPORT

DATE 11	08/02	FILE NO 402-11595-0399-057
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s-THEOPK	RIC BLOOMSHAW	
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	THE PURPOSE OF THIS	
141	WITIONALINFORMATION	IN THE USE OF FORCE RELARAING
	LE ABOVE INCIDENT	
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	WHEN WE EXITED OUR	VEUTOLE I ASKEN
	BLOODSHAW TO ANT HIS HA	
5/	BOODSHAW TO PIT ALS 197	FOR WEAPONS, S/BLOODSHAW
<i>J</i> 50	UAS COMPLIANT INIT!	FIGURA AND AUT HIES
<u> </u>	HANDS BEHIND HIS BACK.	T. HELD HER HANDS
-	TOBETHER WITH MY LEA	THANA
	TOBE HER WITH THE	
	T DADCEFRENTO CHECK SI	BLOODSHAW FOR WEAPONS AS
<u> </u>	DEP. HODAYE ASKED 5/BLO	DASHAW SOME QUESTIONS.
	No principal de la companya della companya della companya de la companya della co	
	I COULD FEEL S BU	DODSHAW TRYING TO
A	ILL HTS HANDS APAR	T AND LODKING TO SEE
110	HEPE I WAS STANNIN	16, I TOLD DEP, HOODYE
		FORTY SATE HOOK NO

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SPECIAL REQUEST DISTRIBUTION		

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PAGE 3 OF 9 URN 402-11595-0399-057 REPORT CONTINUATION NARRATIVE While Terretories w/B on Century be (HEST OF LA SAILE AV) IN OUR MARKED IDD AS S/BLOODSHIN, THEOPRIC KENT STATE TO WE INITIATED & CASUAL (CONSENTUAL CONTACT WITH S/BLOODSHAW. WE DROVE UP ALONG SIDE 3/BLOWNSHAW, AND WHILE STILL SEATED IN OUR PATROL CAR WE BELLAN TO CONVERGE WITH HIM. DURING OUR INTIAL GONTAGE = BLOODSHAW, HE GAVE 115 THERE DAFFERTAN NAMES (BLOCKIND, FLOUR, BLOSHOW, FLOUR & BLOODS'ON, Frayo James ! None of THE NAMES RETURNED WITH DOY PERSONAL INFORMATION. HOWEVER, THE LAST NAME HE GAVE WITH A POSSIBLE HIT " (IDENTIFIED), FOR Brondston, THEOPPIC KENST "WANTED FOR PAROLE WICKETTEN THE RETURN INFORMATION COMPLETELL MATERIES S/BLOOMING WE IMMEDIATELY EXITED OUR VETTICLE, AND DETRINED HON PENCINC FURTHER INUCTION.

PAGE & OF 9 REPORT CONTINUATION URN NARRATIVE UOZ- 11595-0399-057 I make a & BLOODSHOW IF HIS REAL! TRUE DAME WAS THEOPER KENT BLOODSHAW " ADD HE DAID YES! I NOTICED THAT OFFICED SHEW INMEDIATELY BELANE VERY FIRETY AND ACTUCIO I could also see That my PARTICE (DEFLITY SATO) Was BOUNDED TO HAVE DIFFICULTY HOLDING of to splood stan's Honor But IT was subtre ANTIANY, AS IF SPREODSHAW WAS PREPADING FOR SCHETIFING, I TOLD 5/BLOODSHAD TO RELAX AND THAT HE SHOULD NOT TRY TO RESIST US. 5/BLOODSHOW IMMEDIATELY PEPLIED " DO WHAT YOU'VE GOTTE DO. BASED ON 5/ BLOODSHAWS STATEMENT I TOLD DEPUTY SAFO TO HANDCUFF HIM, AND I TRIED TO SERVE YBLOODSHAW'S ARMS AS I GLASSED 3/BLOODSHOW'S LEFT ARM HE QUICKLY SPUN LTOWARD ME ), CAUSING ME TO LOSE MY FOOTING IN THE (RUN) FLOORED GUTTER AND FAIL TO MY LEST SIRE. AS [ FEIL, 5/BLOODSHOWS JUMPED ON MY BOCK, WRAPED HIS ARMS AROUND MY HEAD AND WRAPPED BOTH LEGS AROUND MY WAIST WITH FORT SEURED FIRMLY INSIDE MY THICKS (COMMON) GRAPPLING TECHNIQUE) & BLOODSHAW: INMEDIATERY BELSAN HITTING ME SEVERAL TIMES THROUGHOUT THE BALK OF MY HEAD WITH HIS FISTS, S/BLOODEN ALSO TRUE TO SERATEH MOD GOVER MY EYES,

PAGE 5 OF 9 URN REPORT CONTINUATION 402-11595-0399-057 NARRATIVE IT SHOULD BE NOTED THAT ONCE I LOST MY TO FAIL TO THE AT ABOUT THIS TIME; I COULD FEEL THE ADDITIONAL WEIGHT OF DEPUTY SATO ON SBLOODSHAW'S BALK (AND MINE). I COULD FELL HIM TEUNISTO PULL S/BLOOSHOW OFF OF ME DND HEARD HIM ORDERIAL S/BLOODSHOW TO STOP of BLOODSHOW DID NOT COMPLY. S FEET WERE SO FRAME EMBEDDED / SENES INNE THICH'S PEPUTY SOTO (INITIALLY) WAS BORELY (IT SHOULD BE NOTED THAT A NOVICE CROPRING / CEONE FICHTION WOULD HOVE SMIRLY RAPPED HID LEGS AROUND HE LAND LOCKED THEIR ANCHE TOCKTHER THIS WOLLD POTENTIALLY LEAVE THEM DPEN TO GITING THEIR ANKLES BROKEN, BY PRESSING ONE MENLY OVER THE OTHER. 5/BLOODSHOW'S TECHNIQUE CAVE HIM THE MOST SECURE HOLD, AND BEST PALANCE cocc HE STARTER TO PUNCH AND SCRATIST All THESE CHIPPONS ARE PARTE ON MY EXTENDING TRAINING AND EXPERIENCE IN MARTIAL SERVER

REPORT CONTINUATION MADDIATIVE
REPORT CONTINUATION NARRATIVE URN 407-11595 -0399 -057
As & Pleaning CONTINUES TO ATTACK WE
I TRIED TO CRAB HIS HONDS - I NOTICEL THAT LIC LITENTS
TO SCATCH AND GOINE MY EURO BELANT WHEN MADE
INTENTIONAL (PURPOSE FUL) AT DISC POINT HE GOT CLOSE
WILL WOULD L'A GONDON KILL YOU
MOTHER FUCKER: DOSED ON 3/BLOODSHAW'S "TATEMENT TWAS IN
THE FIRM WILLITE, ESPECIALLY BECAUSE MY CUN WAS SO REDOILY
BELESSIBLE TO HIM. AT THAT MOMENT.
FINALLY, BERITY SATO WAS ABLE TO PULL S/PLOODSHAW
THE ENDUCH AWAY FROM MY PACK THAT I WAS
TO BEEK FREE OF HIS HOLD & bloods as THEN REACHED
OUT AND DUG HIS FINISHED INTO THE CORNER OF
MY LEFT EYE. I DUCKLY PUSHED HIS HAND FROM HY
EXE, LOD BELOAN TO ENGAGE S/BLOODING IN AS
EFFORT TO DEFEND MYSELF, I 41T S/BLOCKHAW
SENTERAL TIMES WITH BOTH CLOSED FISTS, IN THE FACE
CADULDERS, AND RIB. AREAS I SAW DEPUTY SATE
HIT S BLOODSHOW 3 TO 4 TIMES IN THE FACE NITH
HIS CLOSED FISTS. NONE OF WHAT DID ANYTHING TO
ASSUACE HIM FROM ATTACKING US, & BLOODSHAW
LONTIDUED TO PUNCH AND KICK AT US. AT ONE POINT,
ALL TO PULL HIS HOND AWAY.
(IT ENTONE BE POTED S/BLOODSHAW WAS ONDLESSLY
IN THE ATTACK, AND WE NEVER ENTOWED ANY DICKS OF WANTERS
TO STOP)

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REPORT CONTINUATION NARRATIVE URN 402-11595 - 0399-057
Back Page / / /
AS WE CONTINUED TO FICHT WITH & BLOOKHW,
WE REPEATEDLY CALL HIM CONNANDS TO STOP FICHTING
AND TO PUT HIS HANDS BEHIND HIS BACK, BUT
HE STILL WOULD NOT COMPLY. IN A CONTINUES
EFFORT TO REPEND OURSELVES AND TAKE S/BLOODSHOW
INTO CHOTODY, I ALSO STRUCK HIM IN, THE HEAD AND
CHEST WITH MY FOREARN AND KNEE WHILE WE WERE STILL
ON THE CROUND
I INTRUCTED DEPUTY SATO TO PUT OUT
OVER THE RADIO THAT WE WERE INVOLUED IN A FIGHT
AND ALL FOR ASSISTANCE. HE DID, AND WE CONTINUED TO
FIGHT AND WERESTLE AROUND ON THE CHOUND WITH S/BLOODSMAW.
APPROXIMATELY 1/2NIN LATER UNIT #3/D
BRIONES #432977AND MAGANA #292992 ARRIVED, AND THEY
WERE ABLE TO ASSIST DEPUTY SATO WITH HADDCUFFING
WHILE I MAINTHINED LONTROL OF HIS HEAD , DAKE HANDCUFTED
NO OTHER FORCE WAS USED.
The state of the s
3/BLOODSHAW RECEIVED SEVERAL LACERATIONS
AROUND HIS FACE, AND COMPLAINED OF PAIN TO NECK.
I SAW NO DITHER INJURIES NOR DID HE COMPLAIN OF
ANY, HE WAS TREATED BY PARAMEDICE FROM L.A CITY
FIRE TRANSPORTED TO MARTIN LUTHER KING HOSPITAL (MLK)
AND HE WAS TREATED, UNDER PATIENT &
(SEE SUPPLEMENT REPORT BY THE TRUNSPORTING DEPUTION

7 194				PAGE 9 C
REPORT CONTINUAT	ION NARRATIVE	URN 40 Z -	11595039	
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Document 1-6

BLOODSAW, Theopric

CS: 87 (IV)

6/2006 Reclass:

C/C EFF 8/3/05

Assignment: Action:

Filed 07/09/2008

U/A AFFIX "S" SUFFIX; RETAIN C/C

RTMENT OF CORRECTIONS & REHABILITATION

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CDCR 128G (Rev. 12/91)

Inmate Bloodsaw appeared before PBSP FAC A UCC on this date for Program Review. Prior to Committee, D. Melton was assigned as staff assistant and was present during Committee. The staff assistant was assigned for the following reasons: CCCMS level of care, and S's current RGPL is 4.0 or less. Committee effectively communicated with S as noted: Short sentences using simple English. Committee noted S has an RGPL of 3.3. Effective communication was achieved, and S appeared to understand. This Program Review is being held for the two following reasons: (1) Review for "S" suffix placement; and (2) Address prior D1/D and/or C/C status. S was asked if he was willing to take a cellie and program, and S stated, "No." Committee noted S has no cellmate and the "S" custody suffix has not previously been applied. Committee acts to affix the "S" suffix, due to S adamantly refusing to take a cellie and program. S was advised that the "S" suffix can be taken off when he decides to program and adhere to CDC rules and regulations of double celling. Committee notes that ICC of 6/22/05, assigned S to WG/PG D1/D when placed in AD-SEG. Per memo of 9/17/04, any I/M who is placed in AD-SEG while on C/C status shall be assigned to WG/PG D2/D. This shall be assigned whether or not the move was adverse or non-adverse. Committee acts to clear this error and make S D2/D effective 6/10/05 through 8/2/05, then C/C 8/3/05 until present UCC. As S is adamantly refusing to program, Committee acts to retain S on WG/PG C/C. Committee further acts to continue custody level at CLO BS, with WG/PG C/C effective 8/3/05. S participated in Committee, acknowledged understanding, and agreed with Committee action, stating, "I refuse to take a cellie. I'm telling you straight up, I'm a Crip." S was advised of Committee's decision and his right to appeal, and that any appeal of this Committee action must be submitted within 15 working days of this date, whether he has received the CDC Form 128G Classification chrono or not. Next scheduled Committee will be in 6/2006, for Annual Review.

1	D. SWEARINGEN/FC(A)	y-
CHAIRPERSON:	D. SWEARINGEN/FC(A)	V

S. WALCH/CCII(A)

128-C2 in C-file Inst: PBSP

Custody:

RelDate:

**CLO BS** 

EPRD 12/24/19

□PSYCH □MED (THORNTON/jw)

□ C&PR OTHER Classification

FAC-A UCC/REVIEW

STATE OF CALIFORNIA CASE 5:08/CV-03315-JF

Custody: CLO BS RelDate: EPRD 12/24/2019

Document 1-6 NAME: BLOODSAW, Theopric

CS: 93 (IV)

C/C Eff. 07/14/04 Reclass: 10/25/06 Filed 07/09/2008 PARTMENT OF CORRECTIONS AND REHABILITATION PAGE 35 OF CORRECTION PAGE 3

Housing: B8-209 Assignment: VUN

Action: PLACE IN BMU PROGRAM FOR 90 DAYS, ON

STEP 1 OF ITP FOR 30 DAYS. CONTINUE C/C

**EFFECTIVE 07/14/06.** 

Inmate Bloodsaw appeared before PBSP FAC B BMU UCC on this date for Annual/Initial Review. Committee notes CDC 128C, Madrid Exclusionary chrono, dated 03/01/04, denoting no level of care. DDP Review: 128C-2 in Central File. Prior to Committee, Correctional Counselor I Webster was assigned as staff assistant and was present during Committee. The staff assistant was assigned for the following reasons: most current RGPL under 4.0. Committee notes S has an RGPL of 3.3. Effective communication was achieved using short sentences and simple English, and S appeared to understand. Committee notes S's reason for Behavior Modification Unit (BMU) placement is due to: S was deemed a program failure defined by the CCR, Title 15, Section 3000. S is determined to be compatible with another inmate and refuses to voluntarily double cell, or refuses to participate in the racial integration policy as defined in the Johnson v. State of California settlement agreement. UCC notes latest RVR dated 03/28/05 for Refusal to Obey Orders (refused a cellmate). The Director's rules, PBSP expectations, and specific privileges and nonprivileges of WG/PG C/C were thoroughly explained. Grooming standards and PBSP expectations were discussed and S stated he was willing to comply. Committee notes S has one new 115 this review period; fro Refusal to Obey Orders dated 02/23/06 (S refused to return to his assigned cell). Placement score is increased by 2 points to a current Level IV score of 93 points. Mandatory score of 19 is noted for VIO. S was advised to notify staff immediately of any enemy situation which may arise. Committee noted S has no cellmate, and the "S" suffix has previously been applied. S is approved for 270 design facilities. There have been changes in S's commitment case factors since Initial Classification chrono dated 03/02/04. Committee acts to place S into the BMU program for 90 days and place on step # 1 of individual Treatment Plan (ITP) for 30 days. S was advised of his ITP which includes the basic requirement that he remain disciplinary free for 90 days prior to any consideration for his release from BMU and his completion of the selected behavior modification assignments. Continue WG/PG C/C status effective 07/14/06, and continue at CLO BS custody. Committee also acts to retain "S" suffix due to UCC action dated 10/18/05. S adamantly refused to double cell. UCC notes S is reviewed and cleared for double celling although he refused to double cell. S participated, acknowledged understanding, and disagreed with Committee action, stating "I won't take a cellie because of legal work and medical issues. I am here illegally. I am disabled, I have spine issues." UCC stated single cell status is not a ADA issue. S continued stating, "There is nothing wrong with me. I know what I am doing, but I am disabled. I could not care about the US." UCC stated you have to appeal to the courts. S lastly stated "I have been discriminated against as a Black man." UCC notes S walked unassisted to UCC, sat upright, straddling a chair, and did not grimace when he stood back up to exit the Committee room. S is eligible to work around computers, computer systems, or be in areas that may have access to personal information per PC 2702, PC 502, or PC 5071. PC 2933 and 2930 complied with. S was advised of Committee's decision and his right to appeal. The inmate has been advised that any appeal of this committee action must be submitted within 15 working days of this date, whether he has received the CDC form 128-G classification chrono or not. Next scheduled Committee will be on 10/25/06 for Program Review.

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CHAIRPERSON:	M. FOR MIC	J. ROB	ERTSON/CCII	S. ROBERTS/EDUCATION	RECORDER: [	D. MELTON/CCI
□obis □csr	□IGI □PSYC	H MED OTHE	R			
Committee Date:	09/21/06	(MELTON/ew)	Classification	FAC-B BMU UCC	<b>INITIAL REVIEW</b>	Inst: PBSP

STATE OF CALIFORNIA

Document 1-6

Filed 07/09/2008 DEPAR MEN DE COARECTIONS AND REHABILITATION

NO: P-20045 Custody: CLO B

RelDate: EPRD 12/24/2019

NAME: BLOODSAW, Theopric

CS: 93 (IV)

C/C Eff. 07/14/04 Reclass: 01/03/07 Housing: B8-209 Assignment: BMU

Action: REAFFIRM PLACEMENT IN BMU FOR 90 DAYS. RETAIN ON STEP# 1 OF ITP. CONTINUE

C/C EFFECTIVE 07/14/04. D/C CLEAR.

Inmate Bloodsaw appeared before PBSP FAC B Behavior Modification Unit (BMU) UCC on this date for Program Review. Committee notes CDC 128C, Madrid Exclusionary, dated 03/01/04, denoting no level of care. DDP Review: 128C-2 in Central File. Prior to Committee Correctional Officer Thom was assigned as a staff assistant and was present during Committee. The staff assistant was assigned for the following reason: S's current RGPL is 4.0 or less. Committee notes S has a RGPL of 3.3. Effective communication was achieved using short sentences and simple English and S appeared to understand. Committee notes that S has received disciplinaries dated 10/17/06, 11/14/06, 11/16/06, and 11/21/06, for Refusing to Attend BMU Classes. S additionally received a 128A dated 10/25/06 for Refusing to Accept a Cellie during this 30 day review. Placement score is a current Level IV score of 93 points. Mandatory minimum score of 19 is noted for VIO. S was advised to notify staff immediately of any enemy situation which may arise. S is approved for 270 design facilities. Committee acts to reaffirm S in the BMU program for 90 days and retain on Step # 1 of Individual Treatment Plan (ITP) for 30 days based on S's nonparticipation in the required BMU classes and not remaining disciplinary free. Committee also acts to continue WG/PG C/C status effective 07/14/04, and continue at CLO B custody. S was reviewed and cleared for double celling. S was advised of his ITP which includes the basic requirement that he remain disciplinary free for 90 days prior to any consideration for his release from BMU and his completion of the selected behavior modification assignments. S participated in Committee, acknowledged understanding and disagreed with Committee action, stating "What about my 602's. I will see you all in Court." UCC explained that his appeals were being processed and that he needed to follow the BMU program requirements to be released to the general population. S is eligible to work around computers, computer systems, or be in areas that may have access to personal information per PC 2702, PC 502, or PC 5071. PC 2933 and 2930 complied with. S was advised of Committee's decision and his right to appeal, and that any appeal of this Committee action must be submitted within 15 working days of this date, whether he has received the CDC form 128G, Classification chrono, or not. Next scheduled Committee will be on 01/03/07 for Program Review. Next scheduled Annual Committee will be in 06/2007.

CHAIRPERSON:	SELLIFC (A)	S. WALCH/CCII
□OBIS □CSR [	☐IGI ☐PSYCH ☐MED ☐	OTHER

S. ROBERTS/EDUCATION

Committee Date:

11/29/06

. 1/2

(MELTON/ew)

Classification

**BMU**/ucc

**PROGRAM REVIEW** 

Inst: PBSP

Case 520800-03315-JF

Document 1-6

Filed 07/09/2008 EPARTHER CONTROL CONTROL OF THE CO

Custody: CLO B RelDale: EPRD 12/24/2019

NAME: BLOODSAW, Theopric

CS: 93 (IV)

C/C EFF: 07/14/04

Reclass: 01/31/07

BED/CELL: B8 -209

Assignment: BMU

Action: REAFFIRM BMU PLACEMENT, RETAIN STEP

# 1 OF ITP FOR 30 DAYS. CONTINUE 07/14/04. WG/PG C/C **EFFECTIVE** 

D/C CLEAR.

Inmate Bloodsaw appeared before PBSP FAC B Behavior Modification Unit (BMU) UCC on this date for 30 day Program Review. Committee notes CDC 128C, Madrid Exclusionary Chrono, dated 03/01/04, denoting no level of care. DDP Review: 128C-2 in Central File and is clear noting NCF. Committee notes S has RGPL of 3.3. Committee notes S has RGPL of 3.5. Prior to Committee Correctional Officer Thom was assigned as staff assistant and was present during Committee. The staff assistant was assigned for the following reason: S's current RGPL is 4.0 or less. Effective communication was achieved using short sentences and simple English, and S appeared to understand. S was advised to notify staff immediately of any enemy situation that may arise. Grooming standards and Pelican Bay State Prison (PBSP) BMU expectations were discussed. S can be housed with Black ethnic groups. Committee notes S is cleared for double celling per PBSP's current double celling criteria, although he refuses to accept a cellie. S is approved for 270' design facilities. Placement score is noted to be 93 Level IV points. Committee further notes S was initially placed into the BMU program on 09/21/06, based on: S was deemed a program failure per the CCR, Title 15, Section, 3000. Committee notes S has received RVR's dated 12/12/06, 12/15/06, 12/26/06, and 212/29/06, for Refusing to Participate in BMU classes during this 30 day period. S has failed to meet the necessary requirements of Step # 1; therefore, is not eligible to graduate to Step # 2. Step # 1 Privileges include, but are not limited to:

- ❖ WG/PG C/C status.
- Emergency telephone call only.
- One-quarter the monthly canteen draw allowance, not to exceed \$ 45.00.
- A minimum of 10 hours out-of-cell time per week, which includes, dayroom, workshops (ITP classes), and self-help group activities as limited by physical design and local institution security and facility needs.
- Non-contact visits, if eligible; and with approved visitors only.
- If the inmate meets the goals of the ITP he will graduate to step # 2.

Committee acts to reaffirm S's placement in the BMU program and retain Step # 1 of the Individual Treatment Plan (ITP) for approximately 30 days. Committee further acts to continue WG/PG C/C status effective 07/14/04, and continue at CLO B custody. S was reviewed and cleared for double celling, noting no history of in-cell violence. S participated in Committee, acknowledged understanding, and disagreed with Committee action, stating "I am nobody's child. I am 48 years old. I'm not going to the classes; I have a choice not to go!" S has been advised that he must remain disciplinary free and complete the selected behavior modification assignments as directed, prior to being considered for release from the BMU to the general population (GP). S's case will be reviewed by UCC, in approximately 30 days for future program modifications. S is eligible to work around computers, computer systems, or to be in areas that may have access to personal information, per PC 2702, PC 502, or PC 5071. PC 2933 and 2930 has been complied with. S was advised of Committee's decision and his right to appeal, and that any appeal of this Committee action must be submitted within 15 working days of this date, whether he has received the CDC form 128G, classification chrono, or not. Next scheduled 30 day Program Review will be on 01/31/07. Next scheduled Annual Review will be in 06/07.

CHAIRPERSON: J. ROBERTS	201150 (4)	J. BROWMAN/CCII (A)	S. ROBERTS/E	THICATION	DMUTE RECORDER: D.	•
CHAIRPERSON: J. ROBERTS	SON/FC (A)	J. BROWNIAN/CON (A)	3. NOBERTOR	DOUNTON	1120011211.	,,,,,
☐OBIS ☐CSR ☐IGI ☐PS	YCH MED	OTHER				
Committee Date: 01/03/07	(MELTON/ew)	Classification	BMU/UCC	PROGRA	AM REVIEW	inst: PBSP

CDCR#: P-20045

NAME: BLOODSAW, Theopric

Custody: CLOB

CS: 93 (IV) C/C Eff. 07/14/04

Rel Date: EPRD 12/24/2019 Reclass: 02/27/07

Housing: B8-209L

Assignment: BMU STEP #1
Action: REAFFIRM BM

REAFFIRM BMU PLACEMENT 90 DAYS. RETAIN ON STEP # 1 30 DAYS. CONTINUE WG/PG C/C EFF. 07/14/04. D/C CLEAR

Inmate Bloodsaw refused to appear before PBSP FAC-B Behavior Modification Unit (BMU) UCC on this date for 30 Day Program Review. Committee notes CDC 128C, Madrid Exclusionary Chrono, dated 03/01/04, denoting no level of care. DDP Review: 128C-2 in Central File and is clear noting NCF. Committee notes S has an RGPL of 3.3. Prior to Committee, Correctional Officer J. Thom was assigned as Staff Assistant, interviewed S at least 24 hours prior to UCC, per CCR, Title 15, Section, 3315(d)(2)(A) and was present during Committee. The Staff Assistant was assigned based on S 's current RGPL is 4.0 or less. S is advised, via this chrono, to notify staff immediately of any enemy situations that may arise. Grooming standards and Pelican Bay State Prison (PBSP) expectations were discussed. S is cleared for double celling per PBSP's current double cell policy, and can be celled with Black ethnic groups, although he refuses to accept a cellie. Committee further notes that S has no current cellmate, and the "S" custody suffix has not been previously applied. S is approved for 270' design facilities. Placement score is noted to be 93 Level IV points. Committee further notes S was initially placed into the BMU program on 09/21/06, based on: S was deemed a program failure defined by the CCR, Title 15, Section, 3000. Committee notes that since S's prior 30 day Program Review, he received RVR dated 01/22/07, for Recurring Failure to Meet Program Expectations. S has also refused to participate in the required BMU ITP classes, dated, 01/18/07 and 01/19/07. Based on the above information, UCC is in mutual agreement that S has not met the necessary requirements of Step # 1, and therefore, is not eligible to graduate to Step #2. Step # 1 Privileges include, but are not limited to:

- ❖ WG/PG, C/C status for approximately 30 days.
- Emergency telephone calls only.
- ❖ One-quarter (1/4) the monthly canteen draw allowance, not to exceed \$45.00.
- A minimum of 10 hours out-of-cell time per week, which may include dayroom, workshops (ITP classes) and self-help-group activities, as limited by physical design and local institution security and facility needs.
- ❖ Non-contact visits, if eligible; with approved visitors only.

Committee acts to reaffirm S's placement in the BMU program and retain on Step # 1 of the Individual Treatment Plan (ITP) for approximately 30 days. Committee also acts to continue WG/PG, C/C status effective 07/14/04, and continue at CLOB custody. S was reviewed and cleared for double-celling, noting no history of in-cell violence. S is advised, via this chrono, that he must remain disciplinary free, including any 128-A Counseling Chronos, and complete the selected behavior modification assignments as directed, prior to being considered for release from the BMU to the General Population (GP). S's case will be reviewed in approximately 30 days to establish future program modifications. S is eligible to work around computers, computer systems, or be in areas that may have access to personal information per PC 2702, PC 502, or PC 5071. PC 2933 and 2930 have been complied with. S was advised, at the completion of UCC, via the staff assistant, of Committee's decision and his right to appeal, and S appeared to understand. Next 30 day Program Review will be on 02/27/07. Next Annual Review in 06/07.

CHAIRPERSON:	M. FOSSAPC	J. ROBERTSON/CCI	S. ROBERTS/EDU	CATION RECORDER: D.	
□OBIS □CSR □IG	IPSYCHMED	OTHER	•		
Committee Date: 01	/30/07 (MELTO	N) Classification	ВМИ/исс	PROGRAM REVIEW	Inst: PBSP

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Filed 07/09/2008

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HSG:

DEPARTMENT OF CORRECTIONS CDCR 128G (REVISED 4/07)

NO:

P-20045

NAME: BLOODSAW, THEOPRIC

EFF: 09/13/07

Assignment:

ASU E1

Custody:

MAX

PS: 119 Level: IV

WG/PG: D1/D

RECORDER:

ASU MERD 04/12/08

Rel Date:

EPRD 09/'02/202' Reclass:

03/05/2008 Action: FORFEIT 90-DAYS GCC MAX, MERD 04/12/08; REFER TO CSR RX TX EXTENSION

BPH Rev:

TO PBSP SHU

RECOMMENDED ACTION: Refer to CSR recommending transfer extension to PBSP-SHU.

ADMINISTRATIVE PLACEMENT FACTORS: Inmate BLOODSAW refused to appear and was reviewed in absentia by PBSP AD-SEG, ICC on this date for Subsequent Review.

#### ADMINISTRATIVE PLACEMENT DUE PROCESS:

DISCUSSION: Committee notes S is currently endorsed for transfer to PBSP-SHU to serve a determinate SHU term due to RVR dated 04/12/07, Battery on a Peace Officer. Committee elects to forfeit 90-days of Good Conduct Credit due to RVRs dated 10/25/07, Disrespect without Potential for Violence and RVR dated 10/03/07, Refusal to Obey Orders, resulting in a MAX MERD 04/12/08. Committee also notes the transfer for PBSP SHU will expire on 12/07/07. STAFF ASSISTANCE: More than 24 hours prior to Committee, Correctional Officer D. Harlow was assigned as SA. The SA was assigned as S has no documented reading level or his reading level is below 4.0.

MENTAL HEALTH REVIEW: ICC notes 128-C, dated 05/21/07, noting S is not a participant in the MHSDS level of care. S does not meet PBSP-SHU exclusionary criteria.

DA ACTION: N/A

CELL STATUS: S is cleared for double celling.

YARD STATUS: Committee acts to place 5 on Walk Alone Yard Status, Individual Exercise Yard, based upon case factor review.

COMMITTEE ACTION: Committee acts to refer to the CSR recommending transfer extension to PBSP-SHU. This is an adverse transfer. Upon transfer, S's custody will be MAX, WG/PG D1/D effective 09/13/07, and single cell housing will not be required.

INMATE COMMENTS: Dig\_not appear.

APPEAL RIGHTS: As S's case was reviewed in absentia, he will be advised of his rights via this chrono.

CHAIRPERSON: E JACQUEZ/COW

COMMITTEE MEMBERS:

M. FOSS/CAPT.

J. PASCOE/PHD

DATE:

12/05/2007

ASU INSTITUTIONAL CLASSIFICATION COMMITTEE

Inst.: PBSP

Case 5:08-cv-03315-JF

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Filed 07/09/2008

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STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS CDCR 128G (REVISED 4/07)

NO:

P-20045

NAME: BLOODSAW, THEOPRIC

HSG:

Custody:

PS: 133

Level: IV

WG/PG: D1/D

EFF: 09/13/2007 Assignment: ASU MERD 04/12/2008

ASU E1

Rel Date:

MAX

EPRD 12/01/2021 Reclass:

06/12/2008 Action: RETAIN SHU INDET STATUS UPON EXPIRATION OF MERD; REFER TO CSR RX

BPH Rev:

TX PBSP/COR SHU

RECOMMENDED ACTION: Retain in SHU indeterminate status upon expiration of MERD. Refer to CSR recommending transfer PBSP/COR SHU.

ADMINISTRATIVE PLACEMENT FACTORS: Inmate BLOODSAW refused to appear before PBSP AD-SEG, ICC on this date for Pre-MERD Review. Pursuant to CCR 3336 the Reason for Placement (Part A) is: S is serving a determinate SHU term due to RVR 04/12/07, Battery on a Peace Officer, with a MERD of 04/12/2008.

DISCUSSION: Committee notes S is endorsed for transfer to PBSP SHU. Due to the lack of SHU bedspace S has remained in ASU on Active MERD. Committee reviewed S's disciplinary history which includes two RVR's that resulted in determinate SHU terms. S has been found quilty of RVR's dated 08/11/99. Attempted Battery on a Peace Officer, 04/12/07, Battery on a Peace Officer 12/19/07, Indecent Exposure and numerous RVR's for recurring Failure to Meet Program/Work Expectations. Committee views S's refusal to appear at ICC for his Pre-MERD Review, as another example of his refusal to Committee deems S's presence in GP poses an unacceptable risk to the safety of others and the security of the institution. Committee acts to retain S on SHU Indeterminate status upon expiration of MERD.

STAFF ASSISTANCE: More than 24 hours prior to Committee, Correctional Officer J. Kay was assigned as SA. The SA was assigned as S has no documented reading level or his reading level is below 4.0.

MENTAL HEALTH REVIEW: ICC notes CDCR 128-C, dated 06/27/01, noting S is not a participant in the MHSDS level of care.

DA ACTION: N/A

CELL STATUS: S is cleared for double celling.

YARD STATUS: Committee acts to place S on Walk Alone Yard Status, Individual Exercise Yard, based upon case factor review.

COMMITTEE ACTION: Committee acts to refer this case to the CSR with recommendation for transfer to PBSP, with alternate of COR, for SHU placement. This is an adverse transfer. Upon transfer, S's custody will be MAX; WG/PG D1/D effective 09/13/07 and single cell housing will not be required.

INMATE COMMENTS: N/A

APPEAL RIGHTS: As S's ease was reviewed in absentia, he will be advised of his rights via this chrono.

CHAIRPERSON:

F. JACQUEZICOW

RECORDER:

COMMITTEE MEMBERS:

R. BELL/FC

J. PASCOE/PHD

DATE:

03/12/2008

ASU INSTITUTIONAL CLASSIFICATION COMMITTEE

Inst.: PBSP

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NO:

P-20045

NAME: BLOODSAW, THEOPRIC

CDCR 128G (REVISED 4/07)

DEPARTMENT OF CORRECTIONS

PS: 133

Level: IV

EFF: 04/13/08 Assignment: A80 F12 108 /17

Custody: Rel Date: CLO-B

WG/PG: A2/B

HSG:

BPH Rev:

EPRD 12/01/2021 Reclass: 04/25/08

SS, FS WIL

NA

Action: ASSESS/SUSPEND 6-MONTH SHU TERM RVR 12/19/07; REFER TO CSR AUDIT/REVIEW; RELEASE PBSP-IV B FAC ESTABLISH CLO-B CUSTODY WG/PG

A2/B EFF 04/13/08; FS, SS W/L; REFER BMU REVIEW

RECOMMENDED ACTION: Refer to CSR for audit/review.

ADMINISTRATIVE PLACEMENT FACTORS: Inmate BLOODSAW refused to appear before PBSP AD-SEG, ICC on this date for Subsequent Review. Committee notes S currently housed in ASU without being issued a CDCR 114-D.

DISCUSSION: S was previously housed at PBSP SHU serving a determinate SHU term due to an RVR dated 04/12/07, Battery on a Peace Officer. At the expiration of a 04/12/08 MERD, S was moved to ASU. Committee notes a CSR action dated 03/25/08 referred the case to the CDW. The CSR noted an RVR dated 12/19/07, for Indecent Exposure had not been assessed a SHU term as required per the CSRs. Committee also notes ICC action dated 03/12/08 retained S on Indeterminate status due to S's disciplinary history. ICC acts to rescind ICC action dated 03/12/08. C-File reflects S was found guilty of the following: RVR dated 12/19/07, Log #E07-12-0003, CCR #3007, a DIV-D offense, for the specific offense to indecent Exposure, resulting in 90-days loss of credit. This offense warrants a SHU term; therefore Committee acts to assess a 6-month concurrent SHU term and refer to CSR for audit and review. No aggravating factors were noted. The SHU term was not mitigated due to prior disciplinary history. S's WG/PG will be D2/D effective 12/19/07 for period of credit forfeiture per CCR #3045.1, then WG/PG D1/D will be applied: Suspended MERD for this offense is 05/04/08.

STAFF ASSISTANCE: More than 24 hours prior to Committee, Correctional Officer J. Kay was assigned as SA. The SA was assigned as S has no documented reading level or his reading level is below 4.0.

MENTAL HEALTH REVIEW: ICC notes CDCR 128-C, dated 04/02/08, noting S is not a participant in the MHSDS level of care.

DA ACTION: NA

CELL STATUS: S is cleared for double celling.

YARD STATUS: GP

COMMITTEE ACTION: Release to the GP on FAC-B only. C-File reflects S was found guilty of the following: RVR dated 12/19/07, Log #E07-12-0003, CCR #3007, a DIV-D offense, for the specific offense to indecent Exposure, resulting in 90-days loss of credit. This offense warrants a SHU term; therefore Committee acts to assess and suspend a 6-month concurrent midrange SHU term for Indecent Exposure. MERD for this offense is 05/04/08. No aggravating nor mitigating factors were noted. Refer to CSR for audit and review. S's WG/PG will be D2/D effective 12/19/07 for period of credit forfeiture per CCR #3045.1, then WG/PG D1/D will be applied.

Refer for BMU placement, establish CLO-B custody, and WG/PG A2/B, effective 04/13/08, and place on the SS, FS waiting lists.

INMATE COMMENTS: NA

APPEAL RIGHTS: As S's case was reviewed in absentia, he will be advised of his rights via this chrono.

CHAIRPERSON:

RECORDER:

S. O'DELL/CCII

COMMITTEE MEMBERS:

R. BELL/FC

C. GLINES/PHD

DATE:

04/16/2008

ASU INSTITUTIONAL CLASSIFICATION COMMITTEE

Inst.: PBSP

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Inmote

DATE:

bepartment of Corrections and Rehabilitation \*Subject's case has been reviewed by the Behavior Modification Unit (BMU) Staff. Based upon this review the following actions have effective upon this date. BMU PLACEMENT CRITERIA-INITIAL PLACEMENT RETAIN CURRENT STEP RETURN TO PREVIOUS STEP GRADUATE TO NEXT STEP PLACE BACK TO\_ STEP #2 **STEP #3** STEP #1 \*Privilege Group B status \*Privilege Group C status \*Privilege Group C status (Consistent with CCR Section, 3044) (Consistent with CCR Section, 3044) (Consistent with CCR Section, 3044) \*One telephone call per month \*One telephone call per month \*Emergency telephone calls only \* ½ Canteen draw, \$90.00 \* 4 Canteen draw, \$45.00 \* 1 Canteen draw, \$45.00 \*BMU & Time Position \*Non-contact visits, if eligible \*Non-contact visits, if eligible \*Contact visits, if eligible Celling W 
 B 
 Other Double cell affiliation: Ethnicity: status NHISP SHISP Single cell only <u>Aka</u>: D. MELTON, CCI Enemies Reviewed By: ENEMY CONCERNS: | NONE | NONE AT PBSP | NOTED AS FOLLOWS: DISTRIBUTION ORIGINAL: C-File CC: AWC File

PBSP BMU PROGRAM STATUS CHRONO

cv-03315-JF

Document 1-6

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DEPARTMENT OF CORRECTIONS AND REHABILITATION

NUMBER: P20045

Housing: 88-13

# \*BEHAVIOR MODIFICATION UNIT (BMU) STEP PROCESS / PRIVILEGES AND EXPECTATIONS\*

# \*STEP #1: Initial Placement: PG / C status for approximately 60 days (Consistent with CCR, Title 15, Section 3044):

- 1. For a minimum of 90 days or 180 days, if Subsequent Placement, beginning the date of the Committee action.
- 2. Authorized emergency telephone calls only.
- 3. One-quarter monthly canteen allowance; draw not to exceed \$45.00.
- 4. Non-contact visits, if eligible.
- 5. If the inmate meets the goals of the Individual Treatment Plan (ITP), he will graduate to Step 2.

# \*STEP #2: Privilege Group C status for approximately 30 days (Consistent with CCR, Title 15, Section 3044):

- 1. One telephone call per month.
- 2. One-quarter monthly canteen allowance; draw not to exceed \$45.00.
- 3. Non-contact visits, if eligible.
- 4. If the inmate meets the goals of the ITP, he will graduate to Step 3.

# \*STEP #3: Privilege Group B status for approximately 30 days (Consistent with CCR, Title 15, Section 3044):

- 1. Inmate is eligible for a job within the BMU only. As enough jobs can be provided and encouraged success, these porter and barber jobs may be designated half-time positions.
- 2. One telephone call per month.
- 3. One-half monthly canteen allowance; draw not to exceed \$90.00.
- 4. Contact visits, if eligible.
- 5. If the inmate meets the goals of the ITP, he will graduate to Step 4, and be released to the General Population.

# \*STEP #4: Upon completion of the Individual Treatment Plan (ITP), inmates will be returned to traditional General Population (GP) housing, upon bed availability.

Graduation to succeeding ITP Steps is entirely based upon the inmate's positive performance. Specifically: The inmate must remain disciplinary free, (including any 128 A Counseling Chrono's), maintain grooming standards, and participate to the best of his ability in the programs assigned to him in his Individual Treatment Plan (ITP). The above mentioned Step increases shall be documented on a CDCR. Form 128-B Informational Chrono by the appropriate BMU staff, only if said action is non-adverse, per Operational Procedure #225.

D.	MEL	TON,	CCI

Behavior Modification Unit Counselor

cc

C-File

CC-I

Inmote

\*I acknowledge receipt of the Step Process, Privilege

Restrictions, and Graduation Requirements:

to attend 4/29

Inmate's Signature

Date

HOUSING: B8-1314.

## \*BEHAVIOR MODIFICATION UNIT (BMU) STEP PROCESS / PRIVELEGES AND EXPECTATONS:\*

#### \*STEP #1: Initial Placement:Work Group/Privilege Group C/C status for approximately 30days:

- 1. Authorized emergency telephone calls only.
- 2. One-quarter monthly canteen draw allowance, not to exceed \$45.00.
- 3. A minimum of ten hours of out-of-cell time per week, which includes dayroom, workshops, and self-help group activities, as limited by physical design and local institution security and facility needs.
- 4. Out -of-cell time limited to contact with BMU inmates only.
- 5. Non-contact visits, if eligible.
- 6. If the inmate meets the goals of the Individual Treatment Plan (ITP), he will gracuate to Step 2.

#### \*STEP #2: Work Group / Privilege Group C/C status / for approximately 30 days:

- One telephone call per month.
- 2. One-half monthly canteen draw allowance, not to exceed \$90.00.
- A minimum or ten hours out-of-cell time per week, which includes dayroom workshops, and self-help group 3. activities, as limited by physical design and local institution security and facility needs.
- Non-contact visits, if eligible. 4.
- 5. If the inmate meets the goals of the ITP, he will graduate to Step 3.

#### \*STEP #3: Work Group / Privilege Group B/B status /for approximately 30 days:

- 1. Inmate is eligible for a job within the BMU only. As enough jobs can be provided and encouraged success, these porter and barber jobs may be designated half-time positions
- One telephone call per month
- 3. One-half monthly canteen draw allowance, not to exceed \$90.00.
- 4. A minimum of ten hours out-of-cell time per week, which includes yard, dayroom, workshops, and self-help group activities, as limited by local institution security and facility needs.
- 5. Contact visits, if eligible.
- 6. If the inmate meets the goals of the ITP, he will graduate to Step 4.

### \*STEP #4: Upon completion of the Individual Treatment Plan (ITP), inmates will be re-housed into alternate General Population (GP) housing, upon bed availability.

Graduation to succeeding steps is entirely based upon the inmate's positive performance. Specifically: The inmate must remain disciplinary free, (including any 128 A Counseling Chronos), maintain grooming standards, and participate to the best of the inmates ability in the programs assigned to him in his Individual Treatment Plan (ITP).

Reference: Operational Procedure #225/BMU

D	MEL	TON,	CCI
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Behavior Modification Unit Committee Member

CC-L СC C-File Inmate

\*I acknowledge receipt of the Step Process, Privilege

Restrictions and Graduation Requirements: